FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P94000082993 (4) DOCUMENT # SPORTS PROGRAMMING DEVELOPMENT, INC. Principal Place of Business Mailing Address % D'AVID S. ZIMBLE: ÉSO. 1101 BRICKELL AVE., PH MIAMI FL 38131 % DAVID S. ZIMBLE, ÉSO. 1101 BRICKELL AVE., PH MIAML PL 33431 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/10/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0534361 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 26 23 Zιρ Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ZIMBLE, DAVID S 1101 BRICKELL AVE. PENTHOUSE Box Number is Not Acceptable) 83 **MIAMÍ FL 33131** 84 Boca 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE red agent and title it approabl (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1 1 TITLE MERRIN, DANIEL NAME 12 NAME 1042 SECOND STREET, UNIT 3 STREET ADDRESS 1.3 STREET ADDRESS SANTA MONICA CA CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITE F 2.1 TITLE Director Phyllis 2 mble ZIMBLE, PHYLLIS NAME 2.2 NAME change address **⇒##** BOCAN BLVD 4407 Bocaine Blod STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 City-ST-ZiP DELETE Change Addition TITLE 3.1 TITLE ZIMBLE, DAVID S. مردط 2. NAME 3.2 NAME 1101 BRICKELL AVENUE PENTHOUSE SUITE-STREET ADDRESS 3.3 STREET ADDRESS MIAMI PL Brookline, MA 02146 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition THE F 41 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZiP CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 City-St-ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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