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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017839 (8)

WRESTLING OBSERVER HOTLINE, INC.

FILED Jan 24 1997 8:00am Secretary of State

Principal Place 28 W. FLAGLER SUITE 300		28 W.	Mailing Address 28 W. FLAGLER ST. SUITE 300									
MIAMI FL 33130			MIAMI FL 33130-1883				-	Incorporated or Qualific		ate of Last i	Report	
									<u>1/1995</u>	02/	15/1996	
	Race of Business	F1	lailing Address					4. FEI N			 + -	Applied For
Suite: Ant	# All	26	uite, Apl. #, etc.	,				007	0566807			lot Applicable Additional
22	π, ()	···1	27					5. Certi	icate of Status Desired			Required
City & Stat	E		City & State					6. Elect	ion Campaign Financing	<u></u>	\$5.00	May Be
23		28						L	Fund Contribution			to Fees
Zip	Country	\$.	ip	 -	untry	1			corporation has liability	for intangible	a tax under	s. 199.032,
24	25 9. Name and Address of Curre	29	rod Apont	30	_				la Statutes e and Address of New	Yes		
		ant negister	eu Agent		81	Na		10. Maiii	4 SILO AUGIESS OI NEW	Lafingaian	Agent	
	ERMAN, GERALD V. FLAGLER ST.				82							
	TE 300					Str	eet Addr	dress (P.O. Box Number is Not Acceptable)				
	MI FL 33130				83	1						
					84	Cit					85 Zip	Code
					54		y		•	FL	_ 65 210	Code
office or agent 12 SIGNATURE	registered agent, or both, in the Sta an familiar with, and accept the obli- Signator types are produced in a level a	igations of, S	Section 607.0505. F	Florida Sta	atutes	S.		tion's board	:	DATE	Dointment as	s registered
12.	OFFICERS A			13.	·			ADDIT	IONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1	TITLE						☐ Change	Addition
NAME	SKLVERMAN, GERALD			1.2	NAME							
STREET ADDRESS	28 W. FLAGLER ST., SUITE 3	300				ADDR	ESS					
CHY-ST ZIP	MIAMI FL 33130		DELETE		CITY - S TITLE	ST-ZIP	$-\!\!\!+\!\!\!-$			<u></u>	Change	Addition
THLE					NAME						Change	Nation
STREET ADDRESS						ADDRI	ESS					
CITY-SI-ZIF						ST-ZIP						
TIFLE			DELETE	3.1	TITLE						Change	Addition
NAME.				3.2	NAME							
STREET ADDRESS						ADDR						
CITY - STZIF			DELETE			ST-ZIP					Change	☐ Addition
TIFLE			☐ NETE IE		TITLE						E.3 Change	L. Addition
NAME STREET ADDRESS				4	NAME etocci	ADDR	ECC					
City St-ZIP						37 - ZIP	199					
TIPLE			DELETE		TITLE	31-51					Change	Addition
NAME					NAME						•	
STREET ADDRESS				5.3	STREET	ADDR	ESS					
CITY - \$1 - ZIP				5.4	CITY-9	ST - <i>T</i> IP						
TIRE			DELETE	6.1	TITLE						Change	Addition
NAM:				6.2	NAME							
STREET ADDRESS	1			63	STREET	r addr	FSS					

14. I do hereby cert fy that the information supplied with this filling 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 suppliemental 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 occupant on or the recever 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.