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May 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029941 (8)

1. Corporation Name
C.S. Sports Entertainment, Inc.

Principal Place of Business	Mailing Address
825 SE 9th St #7 Ocala Fl. 34471	825 SE 9th St #7 Ocala Fl. 34471-3867

3. Date Incorporated or Qualified: 4/10/1995	3a. Date of Last Report: 11/21/96
4. FEI Number: 59-3310175	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 4210 SW 6th Ave	26 227 SE 8th St.
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: Ocala Fl.	28 City & State: Ocala Fl.
24 Zip: 34474 25 Country: USA	29 Zip: 34471 30 Country: USA

9. Name and Address of Current Registered Agent

Sibila, Chad M.
825 SE 9th St.
Ocala Fl. 34471

10. Name and Address of New Registered Agent

81 Name: Sibila Chad M.
82 Street Address (P.O. Box Number is Not Acceptable): 227 SE 8th St.
83
84 City: Ocala **FL** 85 Zip Code: 34471

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 X _____ 5/20/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	D ☒ Change ☐ Addition
NAME	Sibila, Chad M.	12 NAME	Sibila, Chad M.
STREET ADDRESS	~~4210 SW 6th Ave~~ 825 SE 9th St. #7	13 STREET ADDRESS	4210 SW 6th Ave.
CITY-ST-ZIP	Ocala Fl. 34471	14 CITY-ST-ZIP	Ocala Fl. 34474.
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: X _____ 5/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #