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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000059478 (4) DOUBLECROSS CHAMPIONSHIP WRESTLING PRODUCTION, 1

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1951 HARDING STREET, REAR 1951 HARDING STREET, REAR HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1995 4. FFI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0642943 Not Applicable 26 21 Suite. Apt. #. etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 330QC 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DAVALOS, ROBERT 1951 HARDING STREET, REAR Street Address (P.O. Box Number Is Not Acceptable) HOLLYWOOD FL 33021 Zip Code City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE DAVALOS, ROBERT 1.2 NAME NAME 1951 HARDING STREET, REAR 1.3 STREET ADORESS STREET ADDRESS HOLLYWOOD FL 33021 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 THTEF TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-ST-ZW Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 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.

CIGNATI IDE:

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4/23/98