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

CITY-ST-ZIP

FILED **PROFIT** Mar 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000062950 (7) AEGIS SPORTS MANAGEMENT, INC. Principal Place of Business Mailing Address 7851 ASHLEY PARK CT 215 N. EOLA DRIVE SUITE 408 ORLANDO FL 32801 ORLANDO FL 32835 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3330160 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GREG. MCNEILL H Steven B. Hammond 215 NORTH EOLA DRIVE Street Address (P.O. Box Number is Not Acceptable) 7651-B Ashley Park Ct., Suite 408 82 ORLANDO FL 32801 83 84 Or lando Zip Code 32835 85 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 objugations of, Section 00 0505, Florida Statutes.

SIGNATURE

SIGNATURE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 11 TITLE DPVST HAMMOND, STEVEN B NAME 1.2 NAME HAMMOND, STEVEN B. 11330 WINSTON WILLOW COURT STREET ADDRESS 1.3 STREET ADDRESS 11330 Winston Willow Court WINDERMERE FL 34786 CITY - ST - ZIP 1.4 CITY-ST-ZIP <u> Windermere, FLorida 34786</u> DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITL F 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C!TY - ST - ZIP DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP ☐ DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS

6.3 STREET ADORESS

2/2/90

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 arn 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