

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000063593 (4)**

1. Corporation Name

**COLLEGE BASKETBALL, U.S.A., INC.**



Principal Place of Business

3650 N. 54TH AVE.  
HOLLYWOOD FL 33021

Mailing Address

3650 N. 54TH AVE.  
HOLLYWOOD FL 33021

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

25

Country

29

Zip

30

Country

3. Date Incorporated or Qualified

**08/15/1995**

3a. Date of Last Report

4. FEI Number

**applied for**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75**

Additional Fee Required

6. Election Campaign Financing

**\$5.00**

May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Samuel L. Wakeman*

Signature typed or printed name of registered agent or director or officer

12. OFFICERS AND DIRECTORS

DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

**PRESIDENT**  
**SAMUEL L. WAKEMAN**  
**3650 N. 54 AVE**  
**HOLLYWOOD, FL 33021**

**900001833139**

**-05/21/96-01152-024**

**\*\*\*225.00**

*5/21/96*

*962-4534*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)