FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED

96 AUG 29 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000065514 (8)**

1. Corporation Name
~~SPC COLLEGE PLACEMENT, INC.~~ CHANGE NAME TO: THE PLAYERS EVENT MANAGEMENT CO.

Principal Place of Business
711 ~~CATTLEMEN ROAD~~
SARASOTA FL 34232
1343 MAIN ST.
SUITE 501
SARASOTA FL 34236

Mailing Address
711 CATTLEMEN ROAD
SARASOTA FL 34232
SAME

2. Principal Place of Business
21 1343 MAIN ST
Suite, Apt. #, etc
22 SUITE 501
City & State
23 SARASOTA FL
Zip 24 34236
Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc
27
City & State
28
Zip 29
Country 30

3. Date Incorporated or Qualified: 08/23/1995
3a. Date of Last Report

4. FEI Number: 65-0607143 — 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

9. Name and Address of Current Registered Agent
BROWNING, ROBERT W JR
1800 SECOND STREET #755
SARASOTA FL 34236

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
Signature (typed or printed name of registered agent for the corporation) — (Date Registered Agent's signature accepted after processing) — Date

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT ☐ DELETE
NAME	PHIL ST. JOHN
STREET ADDRESS	5468 DOMINICA CIRCLE
CITY-ST-ZIP	SARASOTA, FL. 34233
TITLE	TREASURER ☐ DELETE
NAME	AL FICHERA
STREET ADDRESS	7005 SAONE CREEK CIRCLE
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	SECRETARY ☐ DELETE
NAME	DAVID C. PIERCE
STREET ADDRESS	1343 MAIN ST
CITY-ST-ZIP	SUITE 501 SARASOTA, FL. 34236
TITLE	VICE PRESIDENT ☐ DELETE
NAME	BILL GUNN
STREET ADDRESS	1343 MAIN ST
CITY-ST-ZIP	SUITE 501 SARASOTA, FL. 34236
TITLE	VICE PRESIDENT ☐ DELETE
NAME	GORDON MORRIS
STREET ADDRESS	1343 MAIN ST
CITY-ST-ZIP	SUITE 501 SARASOTA, FL. 34236
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

300001986983
-08/30/96--01067--020
****225.00 ****225.00

$8.75/29

CR2E034 (12/95)

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, or on an attachment with an address.

SIGNATURE: [signature] — 7-27-96 — 941-366-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
PHIL ST. JOHN