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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010031 (8)

ASM ADVANCED SPORTS MARKETING INC.

FILED Feb 05 1997 8:00 am Secretary of State



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Principal Place of Business Mailing Address 774 CTATE BOAD 12 CTE 14					1.0000011110.00105.0010	****** ********************************	MM46: siber mitte a		1 1141 1441
	ROAD 13 STE 14 LLE FL 32259	774 STATE ROAD 19 STE 14 JACKSONVILLE FL 32259-3815							
					3. Date Incorporated or 01/29/1996	Qualified	3a. Date of	Last Re	eport
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		·[App	plied For
21		26			51393918	3		No	Applicable
Suite, Ap	ot #, etc	Suite, Apt. #, etc.			5. Certificate of Status I	Desired		3.75 A Fee Re	dditional quired
City & St 23	ate	City & State			6. Election Campaign F Trust Fund Contribut			5.00 Added to	May Be
Zip	Country	Zip	Cou	intry	8. This corporation has	liability for in			
4	25	29	30		Florida Statutes		Yes No		
	9. Name and Address of Current	l Registered Agent			10. Name and Address	of New Reg	istered Agent	t	
S	HEPPARD, SULLIVAN III		-	81 Name					
	74 STATE ROAD 13 STE 14			82 Street Ad	dress (P.O. Box Number is No	at Accordable	۸۱		
	ACKSONVILLE FL 32259			Jacot Ad	arosa (i .c. pox riumbi is ivi	v vendhianii	~,		
-				83					·
				84 City			FI 85	Zip C	ode
11. Pursuar	nt to the provisions of Sections 607.0502 ir registered agent, or both, in the State	and 607.1508, Florida Stat	tutes, the a	boye-named co	rporation submits this statem	ent for the pu	rpose of chan	iging its	s registered
office o agent. I	ir registered agent, or both, in the State i Larn familiar with land accept the obliga	of Florida. Such change was itions of. Section 607.0505, I	s authorize Florida Sta	d by the corpor tutes.	ration's board of directors. I he	ereby accept	the appointm	ient as i	registered
SIGNATURI	Signature: type a or printed name of registered ager	it and the if applicable (N	Offic Registere	d Agent signature rec	quired when reinstating)		DATE		
12.	OFFICERS AND					A TA ALLIA		CTOR	C 111 40
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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 attaching that he had not execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 WILLIAM Sheppaco TO 1/29/97

904-287-361

ON ABEN