

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90023 042 ***150.00

DOCUMENT # P96000010031

1. Corporation Name

ASM ADVANCED SPORTS MARKETING INC.

Principal Place of Business

774 STATE ROAD 13 STE 14
JACKSONVILLE FL 32259

Mailing Address

774 STATE ROAD 13 STE 14
JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1996

4. FEI Number

51-3939183

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 774 State Rd. 13

Suite, Apt. #, etc.

22 Suite 14

City & State

23 Jacksonville

Zip

24 32259

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

31

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SHEPPARD, SULLIVAN III
774 STATE ROAD 13 STE 14
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name SULLIVAN SHEPPARD III

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

774 State Rd. 13

83 Suite 14

84 City Jacksonville

FL

85

Zip Code

32259

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 signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME SHEPPARD, SULLIVAN III
STREET ADDRESS 773 STATE ROAD 13 STE 14
CITY-ST-ZIP JACKSONVILLE FL 32259

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

904-287-3620

Daytime Phone #

CR2E034 (11/98)