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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 30 1998 8:00am Secretary of State

DOCUMENT # P9600017260 (6) SPORTS TELEMARKETING SERVICES, INC.												
Principal Place of Business Mailing Address										OUR DOED HE	II 10010 IIVIO	
1200 NW 7 SUITE 300	V 78 AVE. 00				50.1	iot worte	D. T. ((2) 0)					
MIAMI FL 33126 MIAMI FL 33126								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							_		Qualified			ļ
2. Principal F	Place of Busi	nass				02/23/1996 Number			T	- Cad F		
21	1000 01 2001	1000	<u>├</u> ─┐ ॅ	2a. Mailing Address 26			4. 1 L1	65-0652558			 	oplied For ot Applicable
Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.							\$8.75	
22			27	27			5. Ce	rtificate of Status D	esired		Fee Re	
City & Stat	te			City & State				ction Campaign Fi	nancing		\$5.00	
23			28	28				st Fund Contribution	4		Added	
Zip	Zip Country			Zip Cou			8. This corporation owes or has paid the			d the curre	nt year Int	angible
24	25 25						Per	sonal Property Tax	due June	30. 🔏	Yes [No
		and Address of Curr	rent Registered Ag	ent			10. Na	me and Address	of New Re	pistered A	gent	
		EJANDRO L			81	Name						
7855 NW 12TH ST					82	Street /	Address (P.O.	Box Number is No	Acceptab	le)		
SUITE 111												
N	iiami FL 33	3126			63							
					84	City				FI	85 Zip (Code
44 Dureuant	to the provic	ions of Costions 607.0	s the about	nomed	normation a	banita thia atatama	f th	FL				
office or r agent. I a	regi ste red ag am fam iliar w	ions of S ections 607.0 pent, or both, in the Sta ith, an d a ccept the ob	ate of Florida. Such ligations of, Section	change was at 607.0505, Flor	uthorized by rida Statutes	the corp 3.	oration's board	d of directors. I her	eby accep	t the appo	intment as	registered registered
SIGNATURE												
12.	Signature, typed	or printed name of registered in	agent and title if applicable IND DIRECTORS	(NOII)		int signature	required when reins		TO OFF10	DATE	NIDEOTOD	
TITLE	D	OFFICERS A		DELETE	13. 1.1 TITLE		ADD	ITIONS/CHANGES	TO OFFIC		Change	S IN 12
NAME		H, ALEJANDRO L			1.2 NAME						Onunge	
STREET ADDRESS	TARRAMAN ANTILAT					1.3 STREET ADDRESS						
CITY-ST-ZIP		FL 33126		1.4 C)								
TITLE	***************************************			DELETE	21 TITLE	1-611		· · · · · · · · · · · · · · · · · · ·		···-·	Change	Addition
NAME				2.2 NA							<u></u>	
STREET ADDRESS	RESS				2.3 STREET	ADDRESS						
CITY-ST-ZIP						T-21P						
TITLE					3.1 TITLE	••••				I	Change	Addition
NAME	3.				3.2 NAME							
STREET ADDRESS					3.3 STREET	ADDRESS						
CITY-ST-ZIP					3.4. CITY- S	T-ZIP		···				
TITLE			L	DELETE	4.1 TITLE					L	Change	Addition
NAME					4. 2 NAME							
STREET ADDRESS					4.3 STREET	- 1						
CITY-ST-ZIP				OFFEE	4.4 CITY - S	1 - ZIP					٦ ۵٠٠٠٠	1 1 1 1 1 1
TITLE				DELETE	51 TITLE					L	Change	Addition
NAME CIDECT ADDRESS					5.2 NAME	ADDOSCO						
STREET ADDRESS					5 3 STREET							
CITY-ST-ZIP TITLE	·		·	DELETE	5.4 CHY-SI 6.1 THLE	- 2112				Т	Change	Addition
NAME			L		6.2 NAME					L	— Orange	- Noullon
STREET ADDRESS					6.3 STREET	4DDRESS						
CITY-ST-ZIP					6.4 CITY - ST	1						
	ertify that the	e information supplied	with this filing does	not qualify for			d in Section 11	9.07(3)(i). Florida 5	Statutes 1 f	urther certi	fy that the	information

4. 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 logal 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.

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