SPORTS TELEMARKETING SERVICES, INC.

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

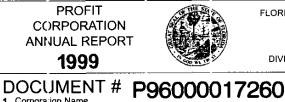
CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90194 009 \*\*\*150.00

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Principal Place	of Business	Mailing Address					1   #811881   LB   12418   8111	******		***		•••
		-				l l						
1200 NW 78 A	VE.	1200 NW 78 AVE. Suite 300										
Suite 300   Miami Fl 33121	f	MIAMI FL 33126				DO NOT WRITE IN THIS SPACE						
WITHIN TE GCTE	•	MI WA 1 E 401E0				3. Date	Ir corporated or Qua	alifed		-		
	_					02/2	23/1996					
Principa Place of Business     2a. Mailing Address			•			1	4, FEI Number			Applied For		
21		26				65-0	652558				Not Applica	ble
Suite Apt.	#, etc.	Suite, Apt. #, etc.		•		5. Certif	cate of Status Desi	ed [	ļ		5 Additiona Recuired	I
22												
City & State	e	City & State				6. Electi	on Campaign Finar	icing _	1	•	0 May Be	
23		28				Trust	Fund Contribution		<u> </u>	Adde	ed to Fees	
Zip	Country	Zip _	Count	гу		8. This	corporation owes th	e current y	ear Inta	ngible		
24	25		30			Perso	Personal Property Tax.				[]No	
	9. Name and Add ess of Currer	nt Registered Agent				10. Nam	e and Address of I	New Regis	stered A	gent		
			8	1 N	ame	•						
HOLCH, ALEJANDRO L				2 5		(D.O. B.	x Number is Not A					
7855 NW 12TH ST				2 5	reet At	aaress (P.O. bt	X Milliper is Mora	ссеріавіс)				
SUITE 111				3								
l	WI FL 33126		ا ا									
			8	4 C	ty				FL	85 Zi	ip Code	- :
44 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	the abo	ve-na	med co	rporation subn	nits this statement for	or the pure	ose of c	hanging	its registere	ed
l office or n	egistered agent or both in the State	of Florida. Such change was aut	norized b	v the	corpor	tion's board of	cirectors. I hereby	accept the	e appoint	ment as	registered	
agent. a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statute	es.								
SIGNATURE								,	DATE			
	Signature, typed or printed name of registered age		<u> </u>	jent sign	ature red	u red when reinstating	IC/NS/CHANGES T			) DIREC	TOES IN 1	
12.		NE DIRECTORS  DELETE	13.		- au	ווטטא (	ICINS/CHANGES I	O OFFICE	NS / INL	Chang		
TITLE	D	□ DEFE IE	1.1 TITLE					$\alpha i$		Chang	ус <u>П</u> .««	1100
NAME	HOLON, ALLEN MENTO E			1.2 NAME $HO$		DICH A	HETANDE	$U \subset$	200			
STREET ADDRE IS			1.3 STRE	1.3 STREET ADDRESS / Z		1200.NL	138 AV	5 # .	200			
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-	ST-ZIP		MIAN	ny tu	3.3	ب ب			
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NAME			2.2 NAM	E	1							
STREET ADDRE 3S	RE 3S		2.3 STRE	2.3 STREET ADDRESS								
CITY-ST-ZIP			2.4 CITY-ST-ZIP		<u>,                                    </u>							
TITLE	☐ DELETE 3.1		3.1 TITLE	3.1 TITLE						☐ Chang	ge ∏ Ado	dition
NAME			3.2 NAM	Ē								
STREET ADDRESS			33 STRE	ET ADD	RESS							
CITY-ST-ZIP			3.4. CITY	-ST-ZIF	,							
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NAME			4 2 NAM	ΙE								
STREET ADDRESS			4.3 STRE	ET ADD	RESS							

64 CITY-ST-ZIP CITY-ST-ZIP 14. Hereby certify that the informat on 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 signaltine 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 a lother like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

☐ DELETE

SIGNATURE IGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICE! OR DIRECTOR

Change

☐ Change

Addition

Addition