

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

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**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90051 018 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P96000020106**

1. Corporation Name  
**UNITED SPORTS FANS, INC.**



Principal Place of Business  
**2201 CORPORATE BLVD.  
STE 100  
BOCA RATON FL 33431  
US**

Mailing Address  
**2201 CORPORATE BLVD.  
STE 100  
BOCA RATON FL 33431  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/01/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0650863</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**STADULIS, FRANK L  
2201 CORPORATE BLVD STE 100  
BOCA RATON FL 33431**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D
NAME	STADULIS, FRANK L	1.2 NAME	Solomon, Marc
STREET ADDRESS	6342 NW 24TH ST.	1.3 STREET ADDRESS	6205 NW 23rd Road
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	D	2.1 TITLE	D
NAME	MCDONALD, GARY	2.2 NAME	Stanger, Daniel
STREET ADDRESS	7090 S UNION PARK AVNEUE 160	2.3 STREET ADDRESS	7090 S. Union Park South
CITY-ST-ZIP	MIDVALE UT 84047	2.4 CITY-ST-ZIP	Midvale, Utah 84047
TITLE	DS	3.1 TITLE	D
NAME	PLATT, RONALD L	3.2 NAME	Bernstein, Arthur
STREET ADDRESS	2530 NE 33RD ST.	3.3 STREET ADDRESS	HCR32 Box 16
CITY-ST-ZIP	LIGHTHOUSE FL 33064	3.4 CITY-ST-ZIP	Middlebrook, VA 24459
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Head, Howard
STREET ADDRESS		4.3 STREET ADDRESS	624 SE 12th Terrace
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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**  
**STADULIS**

**3/19/99 (561) 997-0048**  
Date Daytime Phone #

CR2E034 (11/98)

0337940