

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

FILED

**Mar 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029631 (4)

**1. Corporation Name
PROFESSIONAL SPORTS MANAGEMENT, INC.**



Principal Place of Business: 8003 LE LAC ROAD BOCA RATON FL 33496
Mailing Address: 6003 LE LAC ROAD BOCA RATON FL 33496-2302

3. Date Incorporated or Qualified: 04/04/1996
3a. Date of Last Report:
4. FEI Number: 65-0658517
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business:
21. State, Apt. #, etc.
22. City & State
23. Zip Country
24. **25.**
2a. Mailing Address:
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. **30.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONDON, ALBERT
6003 LE LAC ROAD
BOCA RATON FL 33496

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** **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 of person or persons of registered agent and filer appropriate) (NOTE: Registered Agent signature required when re-issuing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------------|---------------------------|---------------------------------|
| TITLE | Director - V.P.+Sec. | <input type="checkbox"/> DELETE |
| NAME | Al London | |
| STREET ADDRESS | 6003 Le Lac Road | |
| CITY- ST- ZIP | Boca Raton FL 33496 | |
| TITLE | Director - V.P. | <input type="checkbox"/> DELETE |
| NAME | Ira Levine | |
| STREET ADDRESS | 40 Morrow Ave | |
| CITY- ST- ZIP | Scarsdale NY 10583 | |
| TITLE | Anlene London - President | <input type="checkbox"/> DELETE |
| NAME | 6003 Le Lac Rd | |
| STREET ADDRESS | Boca Raton FL 33496 | |
| CITY- ST- ZIP | | |
| TITLE | Ronnie Lott - Director | <input type="checkbox"/> DELETE |
| NAME | 1755 E. Bayshore Rd | |
| STREET ADDRESS | Redwood City, CA 94063 | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | |
|---------------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY- ST- ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY- ST- ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY- ST- ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY- ST- ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY- ST- ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY- ST- ZIP | |

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 attachment with an address.

SIGNATURE: *Alford U.P.* 3/19/97
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY AND PHONE #

CR2E034 (9/96)