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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000042616 (8) DOCUMENT # 1. Corporation Name

SPORTSMETER, INC.

FILED Jun 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						O KOUMINUUN KAU KULAU WAAFE UUKA UUKA	I BOUR BORN DUD	A d II dia diidi ii	
5401 KIRKMA ORLANDO FL	N ROAD. SUITE 610 . 32619		5401 KIRKMAN ROAD. SUITE 610 ORLANDO FL 32819			DO NOT WRITE IN THIS SPACE			
						le Incorporated or Qualified 5/13/1996	į		
2. Principal Place of Business 2a. Mailing			ss			Number		TTAI	pplied For
21		26				59-3450812 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apl. #, etc.				5 Certificate of Status Desired \$8.75 Additional			
22		27			0 . 00.	indute of oldida posited		Fee Re	equired
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be			
Zip	Country	[28] Zin	7ip Country			Trust Fund Contribution			
24 25		29	30			B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes You You You You You You You Yo			
	9. Name and Address of Curre					10. Name and Address of New Registered Agent			
ME	TER, DAVID		8	1 Name	э	· · • • · · · · · · · · · · · · · · · ·			
	DI KIRKMAN ROAD, SUITE 61	0	8	2 Street	1 Address (P.O. I	Box Number is Not Accept	abla)		
	LANDO FL 32819		Ľ	Sirec	r Address (i .O. t	Box Number is Not Accept	aulej		
			8	3	111				
	•		8	84 City			FL	85 Zip	Code
11. Pürsuanlıt	o the provisions of Sections 607.09	.02 and 607 1508 Florid	Statutes the sho	Ve-pame	d corporation au	hmite this statement for the		(changing ii	te registered
l office or re	ogistered agent, or both, in the Sta n familiar with, and accept the obti	le of Horida. Such chanc	e was authorized l	by the co	rporation's board	d of directors. I hereby acc	ept the app	ointment as	registered
SIGNATURE		and the second							
Signature, type disciplinated in one of the gettined agent and the stapposative. 12. OF FICERS AND DIRECTORS				IOTE Registered Agent signature requi		aring) ITIONS/CHANGES TO OFF	DATE ICEBS AND	DIRECTOR	3S IN 12
TITLE			ETE 1.1 TITLE		7			Change	Addition
NAME	METER, DAVID A		1.2 NAMI	1.2 NAME				,	
STREET ADDRESS 564 CASCADE CIRCLE #104)4	1.3 STREET ADDRESS		5118 CY	4 57. #532	, _		
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY-	ST-ZIP	ORLAN	bo, FL. 328.	39		
TITLE		□ DEI						Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			23 STRE	2 3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY		ļ			FT 6.	
TITLE NAME		☐ DEL						L Change	☐ Addition
STREET ADDRESS			3.2 NAME						
CITY-ST-ZIP			3.4. CITY	T ADDRESS					i
TITLE		DET.						Change	Addition
NAME		_	4. 2 NAM						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			4.4 CITY -						
TITLE		DEC.		· · · · · · · · · · · · · · · · · · ·				Change	Addition
NAME			5.2 NAME						1
STREET ADDRESS			53 STREE	T ADDRESS					ļ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ D£L	TE 61 TITLE					Change	Addition
NAME			62 NAME		1				
STREET ADDRESS			63 STREE	1 ADDRESS					
CITY-ST-ZIP		and the organization	64 CITY-	S1 - 71P		0.07/01/3 E/			
	ortify that the information supplied	with this filing does not a	ualify for the exem	ption stat	ed in Section 11	9.07(3)(i), Florida Statules.	I further ce	rtify that the	information

indicated on this arrival reporting supplies a win rule limit does not quality for the exemption stated in Section 119.07(3)(j). Florida Statutes. I further certify that the informatic indicated on this arrival reporting suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attriphing with an address