

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000046683 (4)

1. Corporation Name

ARENA OPERATING COMPANY, INC.

Principal Place of Business

200 S. ANDREWS AVE.  
6TH FLOOR  
FT. LAUDERDALE FL 33301

Mailing Address

200 S. ANDREWS AVE.  
6TH FLOOR  
FT. LAUDERDALE FL 33301-1804

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1996		3a. Date of Last Report	
21 450 E Las Olas Blvd		2a 450 E Las Olas Blvd		4. FEI Number 65-0679603		Applied For Not Applicable	
22 Suite, Apt. #, etc. 1500		2a Suite, Apt. #, etc. 1500		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Ft. Lauderdale		2a City & State Ft. Lauderdale		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33301		2a Zip 33301		25 Country USA		29 Country USA	
9. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE. 27TH FLOOR MIAMI FL 33131				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				FL			

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	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY - ST - ZIP	1.4 CITY - ST - ZIP		
TITLE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	2.2 NAME	8000002160989-1	
STREET ADDRESS	2.3 STREET ADDRESS	-05/01/97--01001--019	
CITY - ST - ZIP	2.4 CITY - ST - ZIP	***1155.00 ****165.00	
TITLE	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY - ST - ZIP	3.4 CITY - ST - ZIP		
TITLE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY - ST - ZIP	4.4 CITY - ST - ZIP		
TITLE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY - ST - ZIP	5.4 CITY - ST - ZIP		
TITLE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY - ST - ZIP	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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0259390

CR2E034 (9/96)