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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047955

SPORTS AND SPONSORSHIPS, INC.

Principal Place of Business

Mailing Address

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90004 023 ***150.00



300 SEVILLA CORAL GABLI		300 SEVILLA STE 215 CORAL GABLES FL 33134						•	
						DO NOT WRITE IN	THIS SP	ACE	
						3. Date Incorporated or Qualifed			. ,
2.5:						05/31/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		$\prod I$	Applied For
21		26			i	65-0670750		\rightarrow	ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			E Cordifornia of District Desired	•		Additional
22		27				5. Certificate of Status Desired			Required
City & Sta	ite	City & State				6. Election Campaign Financing		\$5.00	May Be
23	28				Trust Fund Contribution Added to Fees				
Zip)			у		8. This corporation owes the current ye	ar Intang	ble	
24	9. Name and Address of Current	29	30			Personal Property Tax.			
				10. Name and Address of New Regist	ered Age	nt			
REC	HED SCOTT		81	I Na	lame	· · · · · · · · · · · · · · · · · · ·			
BECHER, SCOTT) 51	troot Addron	s /D O Pay Number in No.			
300 SEVILLA STE 215			"	82 Street Address (P.O. Box Number is Not Acceptable)					
,	RAL GABLES FL 33134		83	1		· · · · · · · · · · · · · · · · · · ·	- 7.5	··	
								1 3 2.	
			84	Ci	ity		FI 8	5 Zip	Code
1:, Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s the above	e-nai	med cornors	ation submits this statement for the purpo			
office or r	egistered agent, or both, in the State o im familiar with, and accept the obligati	f Florida. Such change was au	thorized by	the	corporation's	ation submits this statement for the purpo s board of directors. I hereby accept the a	se or char oppointme	nging it ent as re	s registered eaistered
ŭ	with terminal with, and accept the obligati	uns of, Section 607.0505, Flori	ida Statutes	5.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 1	Penistered Asse	at alam	nature required wh				
12.	OFFICERS AND		13.	ii aigi k	oure required wit	nen reinstating) DAT ADDITIONS/CHANGES TO OFFICER		OFOT	200 101 40
TITLE	P	☐ DELĘTE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICER		Change	
NAME	BECHER, SCOTT		1.2 NAME				ш	Cisilifie	Addition
STREET ADDRESS	300 SEVILLA STE 215				2500				
CITY-ST-ZIP	CORAL GABLES FL 33134		1.3 STREET		RESS				1
TITLE	OSTUTE WIDELS TE SO 104	☐ DELETE	1.4 CITY-S1	T-ZIP					
NAME			2.1 TITLE					Change	☐ Addition
STREET ADDRESS			2.2 NAME						1
			2.3 STREET ADDRESS		RESS				Į.
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP					1
TITLE	DELETE 3			3.1 TITLE				Change	Addition
NAME	3.		3.2 NAME	3.2 NAME			. *		}
STREET ADDRESS			3.3 STREET	3.3 STREET ADDRESS					}
CITY-ST-ZIP			3.4. CITY-ST	3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME					-	'
STREET ADDRESS			4.3 STREET	ADDRE	RESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP					ĺ
TITLE		☐ DELETE	5.1 TITLE					hange	Addition
NAME			5.2 NAME					, lange	_] Addition
STREET ADDRESS			5.3 STREET	ADDRE	ESS				
CITY-ST-ZIP			5.4 CITY-ST-						
TITLE		☐ DELETE	6.1 TITLE					•	
NAME	£		6.2 NAME					hange	Addition
STREET ADDRESS				*****	F00				
l			6.3 STREET		E00				}
CITY-ST-ZIP			6.4 CITY-ST-	-ZIP	l l				

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: