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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra &. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073905 (7)

HUIZENGA SPORTS AND ENTERTAINMENT GROUP, INC.

Principa! Place of Business Mailing Address 200 SOUTH ANDREWS AVENUE 200 SOUTH ANDREWS AVENUE 6TH FLOOR FI LAUDERDALE FL 33301 FT. HAUDERDALE FL 33301-1884 3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEJ Number Applied For bS-0733699 450 EAST Not Applicable \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees This corporation has liability for iptangible tax under s. 199.032, Yes No Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERICAN INFORMATION SERVICES, INC. ONE SOUTH EAST THIRD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) 27TH FLOOR 83 **MIAMI FL 33131** City Zip Code 85 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 parted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE 1.1 TITLE \_\_ Change Addition TITLE RIGHNO C RUCHEN E034 1.2 NAME NAME BLUD 15 FLWR 450 E LAS OLAS 1.3 STREET ADDRESS STREET ADDRESS FUT LANDUONE FL 33301 1.4 CITY-ST-ZIP CHTY - ST - ZIF DELETE Change Addition THE 2 1 TITLE EVANS RICHMO H NAME 2.2 NAME YSO E LAS OLAS BLUD 15 FLOOR 2.3 STREET ADDRESS STREET ADDRESS CAUDEONLE 3330) 2.4 CITY-ST-ZIP Driv-SI-ZiP

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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 of 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 cha an attachment with an address

SIGNATURE:

TITLE

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