

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000073905**

1. Entity Name

HUIZENGA SPORTS AND ENTERTAINMENT GROUP, INC.

Principal Place of Business

**450 EAST LAS OLAS BLVD.
SUITE 1500
FT. LAUDERDALE FL 33301**

Mailing Address

**450 EAST LAS OLAS BLVD.
SUITE 1500
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0733699**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
ONE SOUTH EAST THIRD AVENUE
27TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ROCHON, RICHARD C	450 EAST LAS OLAS BLVD., 15 FLOOR	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
VP	PIERCE, WILLIAM M	450 EAST LAS OLAS BLVD., 15 FLOOR	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
VT	BRANDEN, CRIS V	450 EAST LAS OLAS BLVD., 15 FLOOR	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRIS V BRANDEN Vice President

Date

4/26/01

Daytime Phone #

954-627-5000**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90101 026 ***150.00

A0060525

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)