2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 Al Secretary of State

	IN ALL	VIT #	P9600	ነስስፖን	2005
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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



DO NOT WRITE IN THIS SPACE

01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0733699 Applied For Not Applicable

5. 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

DO NOT WRITE IN THIS SPACE

MIAMI, FL	. 33131		IN THIS SPACE								
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
FILE NOW!!! FEE IS \$150.00 9. Election Can After May 1, 2006 Fee will be \$550.00 Trust Fund (ncing .	\$5.00 May Be Added to Fees	000000546792 05/11/06-80130-018 150.00						
10. OFFIÇERS AND DIRECTORS											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRANDEN, CRIS V 450 EAST LAS OLAS BLVD., 15 FLOC FT. LAUDERDALE, FL 33301	DR .									
TIRE DP NAME HUIZENGA, H. WAYNE JR STREET ADDRESS 450 EAST LAS OLAS BLVD 15TH FLOOR CITY-ST-ZIP FORT LAUDERDALE, FL 33301 TITLE S NAME HANDLEY, RICHARD L STREET ADDRESS 450 EAST LAS OLAS BLVD 15TH FLOOR CITY-ST-ZIP FORT LAUDERDALE, FL 33301											
				DO NOT WRITE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE								
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE			}		}						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or applicmental 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 10 or Block 11 if changed, or on an attacyliment with all address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11,00

Daytime Phone #