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PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name P96000079072 (0)

AMERICAN ASSOCIATION OF PROFESSIONAL FOOTBALL PL

FILED May 18 1998 8:00am Secretary of State



| ATE(O) | IIIO: | | | | | | | | | | |
|---|--|---|-----------------------------|---|--------------------------|--------------|---------------------|--|------------------|----------------|---------------------|
| Principal Place of Business Mailing Address | | | | | | | , , | | | | 81# {K#1 D#1 |
| 3700 AIRPORT ROAD #307 3700 AIRPORT RO BOCA RATON FL 33431 BOCA RATON FL | | | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | | | 09/24/1996 | | | |
| 2. Principal Place of Business | | | | 2a. Mading Address | | | | 4, FEI Number | , | A | pplied For |
| 21 | | 26 | | | | | 65-0714214 | | | lot Applicable | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional |
| City & State | | | | City & State | | | | | | | Required |
| 23 | | | | 28 | | | | Election Campaign Financing Trust Fund Contribution | П | | May Be I to Fees |
| Zip Country | | | | Zip Country | | | | 8. This corporation owes or has p | | | |
| 24 | 25 | | | 29 30 | | | | Personal Property Tax due June 30. Yes No | | | |
| g, Name and Address of Current | | | t Register | Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BO | GEN, MARK | | | | | 81 | Name | | | | |
| 3700 AIRPORT RD, SUITE 307 | | | | | | | Street Addr | ess (P.O. Box Number is Not Accepta | ıble) | | |
| BOCA RATON FL 33431 | | | | | | | | | | | |
| | | | | | | 83 | | | | | 1 |
| | | | | | ľ | 84 | City | | FL | 85 Zip | Code |
| 11 Purement | to the provisions of S | Sections 607 050 | 2 and 607 | 1508 Florida Statut | les the ab | 20/6 | a-named corn | oration submits this statement for the | | changing | its registered |
| office or re agent. I a | egi <mark>ster</mark> ed agent, or t m fa miliar with, and a | ooth, in the State accept the obliga | of Florida. ations of, S | Such change was Section 607.0505, FI | authorized orida Stat | d by utes | the corporat | poration submits this statement for the ion's board of directors. I hereby according to the control of the cont | ept the appo | pintment a | s registered |
| SIGNATURE | | | الرحل جلتانا | | | | | | DATE | | |
| 12, | Signature typed or ponted | OFFICERS AN | | | L: Registered | aga ı | nt signature requir | ed when reinstating) ADDITIONS/CHANGES TO OFF | DATE CERS AND | DIRECTO | IRS IN 12 |
| TITLE | <u> </u> | OF FIGURE AND | DOME OF | DELETE | 1.1 [1] | ſLΕ | | ADDITIONS/CITANGES TO OFF | OLIIO AND | Change | |
| NAME | RILEY, KATHLE | EN | | _ | 1.2 NA | | | | | | |
| STREET ADDRESS | 3700 AIRPORT | | | | 1.3 \$1 | RÉET | ADDRESS | | | | |
| CITY-ST-ZIP | BOCA RATON | | | | 1.4 CI | TY-S | T-ZIP | | | | |
| TITLE | VP | | | DELETE | 2.1 717 | ILE. | | | | Change | Addition |
| NAME | BOGEN, MARK | | | | 2.2 NA | ME | | | | | |
| STREET ADDRESS | 3700 AIRPORT | RD, #307 | | | 2.3 \$1 | REET | ADDRESS | | | | |
| CITY-ST-ZIP | BOCA RATON | FL | | | 2.4 C | | ST-ZIP | | | | |
| TITLE | VP | | | DELETE | 3.1 717 | | | | | Change | Addition |
| NAME | PLOTLIN, ADAM | | | | 3.2 NA | | | | | | } |
| STREET ADDRESS | 5001 DIROLI (1) | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | DUCA HATUN | <u> </u> | | DELETE | 3.4 CI | | 51-ZIP | | | Change | Addition |
| NAME | | | | L. DECETE | 4.1 M | | | | | change | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | İ |
| CITY-ST-ZIP | | | | | 4.4 CI | | | | | | |
| TITLE | | | | ☐ DELETE | 5.1 Til | | | | • | Change | Addition |
| NAME | | | | | 5.2 NA | ME | | | | | |
| STREET ADDRESS | | | | | 5.3 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | 5.4 CI | TY-S | T-ZIP | | | | |
| TITLE | | | | ☐ DELETE | 6.1 717 | ILE. | | | | Change | Addition |
| NAME | | | | | 6 2 NA | ME | | | | | |
| STREET ADDRESS | | | | | 6.3 ST | reet | ADDRESS | | | | |
| CITY-ST-ZIP | | | 10 at 1 te | | 6.4 CI | | | 0 1 440 67/000 5 | | 408 B 4 25 | |
| 14. I hereby c | eruly that the inform | ation supplied w | no this bin | a does not qualify t | or the exe | ampl | tion stated in | Section 119.07(3)(i), Florida Statutes. | I further cer | tny that th | e information |

indicated on this 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 Statules; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

MARK BOGEN

4/2/00