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 # P9700008945

Corporation Name
 SPORTS VENTURES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address		
2417 UNIVERSITY DRIVE CORAL SPRINGS FL 33065	2417 UNIVERSITY ORIVE CORAL SPRINGS FL 33065		

May 04, 1999 8:00 am Secretary of State

05-04-1999 90113 046 ***150.00

01 01110	ACIAIONEO HATEHIAANON	(16) (170° _.				
Principal Place	e of Business	Mailing Address				- T (BBISBOL SID IDIK) IDBN DDNS BOND DDNN DDNN DDNS IDIUS SONY ÓVDS, DSS SDN
Principal Place of Business Mailing Address 2417 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065						
	•					DO NOT WRITE IN THIS SPACE
		•				3. Date Incorporated or Qualifed 01/29/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number · Applied For
21	1 26					52-2079904 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
	City & State City & State					6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	<u></u>	Zìp Countr			8. This corporation owes the current year Intangible Personal Property Tax. Decrease International Property Tax.
24	25	29 30	<u>'</u>			Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Regions of Agent
MITTELBERG, BARRY S 2417 UNIVERSITY DRIVE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
CORAL SPRINGS FL 33065		-	83			
			-	84	City	FL 85 Zip Code
		20 and CO7 1500 Florida Statutos	tho ob		named como	pration submits this statement for the purpose of changing its registered
office or o	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was auth	ionzed	DV I	tne corporatior	n's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	agistered A	Agent	t signature required	when reinstating) DATE
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TM	LE		☐ Change ☐ Addition
NAME	SALOMON, SCOTT		1.2 NA	ME		
STREET ADDRESS	2417 UNIVERSITY DRIVE		1.3 STF	REET	ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CIT	Y-ST	r-ZiP	
TITLE	VPD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	MITTELBERG, BARRY		2.2 NA	ME		
STREET ADDRÉSS	2417 UNIVERSITY DRIVE		2.3 STF	REET	ADDRESS	
CITY-ST-ZIP	-CORAL-SPRINGS FL-33065		2. 4 CIT	Y-S1	T-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	MAYO, KEITH R		3.2 NA	MĒ		
STREET ADDRESS	2417 UNIVERSITY DRIVE		3.3 STF	REET	ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		34 017	Y-S1	T-ZIP	
TITLE						
	į	☐ DELETE	4.1 TITI			☐ Change ☐ Addition
NAME		☐ DELETE	4.1 TITI 4. 2 NA	ME		☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE	4.1 TITI 4. 2 NA 4.3 STF	ME REET	ADDRESS	☐ Change ☐ Addition
			4.1 TITI 4.2 NA 4.3 STF 4.4 C/T	ME REET Y-ST		
STREET ADDRESS		☐ DELETE	4.1 TITI 4. 2 NA 4.3 STF 4.4 C/T 5.1 TITI	ME REET Y-ST LE		☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			4.1 TITI 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA	ME REET Y-ST LE ME	r-ZIP	
STREET ADDRESS CITY-ST-ZIP TITLE			4.1 TITE 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITE 5.2 NAI 5.3 STF	ME Y-ST LE ME REET	ADDRESS	
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TITI 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA	ME Y-ST LE ME REET Y-ST	ADDRESS	

14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS