

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

FILED  
Mar 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT #</b> P97000016573 1. Corporation Name <b>The Tallahassee Scorpions Professional Indoor Soccer Team, Inc.</b>		
Principal Place of Business <b>1334 Parkview Avenue Suite 210 Manhattan Beach, CA 90266</b>		Mailing Address <b>1334 Parkview Avenue Suite 210 Manhattan Beach, CA 90266</b>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>February 17, 1997</b>	
25		30		4. FEI Number <b>59-3436200</b> Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>Tammy de Soto Cicchetti, Esq. 1435 East Piedmont Drive Suite 210 Tallahassee, Florida 32312</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE: *March 3, 1998*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	1.1 TITLE	
NAME	Elmore, David E.	1.2 NAME	
STREET ADDRESS	1334 Parkway Ave, Ste. 210	1.3 STREET ADDRESS	
CITY-ST-ZIP	Manhattan Beach, CA 90266	1.4 CITY-ST-ZIP	
TITLE	DPS	2.1 TITLE	
NAME	Tuttle, Donna F.	2.2 NAME	
STREET ADDRESS	1334 Parkview Ave, Ste. 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	Manhattan Beach, CA 90266	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP & General Manager
NAME	Mancuso, Tony	3.2 NAME	Joe Sloboda
STREET ADDRESS	505 W. Pensacola Street, Ste. 1	3.3 STREET ADDRESS	133 North Monroe Street
CITY-ST-ZIP	Tallahassee, Florida 32301	3.4 CITY-ST-ZIP	Tallahassee, Florida 32301
TITLE		4.1 TITLE	Vice Pres of Finance
NAME		4.2 NAME	Millard McCord
STREET ADDRESS		4.3 STREET ADDRESS	133 North Monroe Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, Florida 32301
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *[Signature]* Joe Sloboda, Vice Pres. 3/5/98 (850) 224-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)