Principal Place of Business

1551 SANDSPUR RD

MAITLAND FL 32751



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

C/O B&C CORPORATE SERVICES OF CENTRAL FLA

390 N ORANGE AVENUE STE 1100

DOCUMENT #	ŧ	P97000041531
1. Corporation Name		1 010000 1100

NORTH AMERICAN SPORTS MANAGEMENT OF KANSAS CITY, INC.

		ORLANDO FL 32	2801
2. Principal Place	e of Business	2a. Mailing Add	Iress
21		26	
Suite, Apt. #,	elc.	Suite, Apt #	#. etc.
22		27	
City & State	And Annual Control	City & State	,
23		28	
Zip	Country	Ζιρ	Country
24	[25]	29	[30]
	9. Name and Address of C	urrent Registered Agent	

Mailing Address

B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N ORANGE AVENUE SUITE 1100 ORLANDO FL 32801 FILED

99 APR 27 AH 10: 05

STORETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRI	TE IN TH	IIS SPACE
3. Date Incorporated or Qualifed 05/09/1997		
4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Gerblicate of Status Desired	[]	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	[]	\$5.00 May Be Added to Fees
8. This corporation owes the com Personal Property Tax	ent year l	Intangible []Yes []No

10. Name and Address of New Registered Agent

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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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIRECTORS	3	I 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST	DELFTE	111005	[Change [Addition
NAME	GINSBURG, ALAN H		12 NAME	
STREET ADDRESS	1551 SANDSPUR RD		13 STREET ADDRESS	
CITY-\$1-ZIP	MAITLAND FL 32751		14 CC1+51-ZiP	
TITLE		[] DELETE	21 TITLE	[Change
NAME			2.2.NAME	
STREET ADDRESS			23 STREET ADORESS	6000028588665 -04/30/9901112009
CITY-ST-ZIP			2.4 C/TY-51-7/P	****150,00 ****150,00
TITLE		[] DELETE	31101.6	[Change
NAME			3.2 NAME	
STREET ADDRESS			33 STREET ADORESS	
CITY-ST-ZIP			34 CITY-\$1-ZIP	
TITLE		[] DELETE	4.1 TITLE	[Change
NAME			4 2 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-S1-ZIP			4.4 CHY-ST-ZiP	
TITLE		FIDELETE	5.1 TITLE	[Change [Addition
NAME			5.2 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 O(TY-51-ZIF)	
TITLE		[] DELETE	6 TITLE	[Change [Add&on
NAME		4	67 NAME	
STREET ADDRESS		ſ	63 STREET ADDRESS	$\langle a/\rangle$
		1	6.4.C(T): C1.7(0)	(1)

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14. Thereby 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 early, that I am an officer or director of the corporation or the receiver or trustage 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.

SIGNATURE:

ASIONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/10099

407/741-8500

(2E034 (11/98)