2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P97000041531					•	•
NORTH AMERICAN SPORTS MANAGEMENT OF KANSAS CITY,					FILED	
						01 MAR 23 AM II: 49
Principal Plac		Mailing Address C/O B&C CORPORATE SERVICES OF CENTRAL FLA		:1 A	OFFICE OV OF STATE	
MAITLAND FL 32751		390 N ORANGE AVENUE STE 1100 ORLANDO FL 32801			SECRETARY OF STATE TALLAHASSEE FLORIDA	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		4.	. FEI Number NOT APPLICABLE Applied For Not Applicable	
Zip Country		Zip Country		ry	5.	. Certificate of Status Desired
	6. Name and Address of Current Re			7.	Name and Address of New Registered Agent	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N ORANGE AVENUE SUITE 1100			Name Street Address (P.O. Box Number is Not Acceptable)			
	ANDO FL 32801	City			FL Zip Code	
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Tax filing (oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
11.	OFFICERS AND D	RECTORS	12.		А	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GINSBURG, ALAN H 1551 SANDSPUR RD MAITLAND FL 32751	☐ Delete				3000039122°ms_Dadiin -03/27/0101068004 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		i		☐ Change ☐ Addition
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all ther like empowered.						