

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700052294

1. Entity Name

SPORTS MARKETING CONSULTANTS, INC.  
7025 BERACASA WAY, SUITE 105G  
BOCA RATON, FL 33433

Principal Place of Business

Mailing Address

2. Principal Place of Business

7025 BERACASA WAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

105 G

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

Zip 33433

Country USA

Zip

Country

4. FEI Number

65-0770671

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

LINDA APPELL

Street Address (P.O. Box Number is Not Acceptable)

3071 SUNRISE LAKES DR. E.

City

SUNRISE

Zip Code

FL 33322

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

Linda Appell

5/14/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT JAFFE, CEO/B- <input checked="" type="checkbox"/> Delete 7148 MARIANA COURT BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LINDA APPELL 3071 SUNRISE LAKES DR. EAST SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HOWARD S. JAFFE 1239 N. PARK AVE. INDIANAPOLIS, IN 46202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE:

Linda Appell

5/14/01

561-417-8405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)