

DOCUMENT # P97000063675

1. Entity Name

MJM SPORTS MARKETING, INC.

[illegible]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7570-90 COMERCE CT. SARASOTA FL 34243	7570-90 COMERCE CT. SARASOTA FL 34243

2. Principal Place of Business 1009 Tallervast Rd. Suite, Apt. #, etc.	3. Mailing Address 1009 Tallervast Rd. Suite, Apt. #, etc.
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City & State Sarasota FL	City & State Sarasota FL
Zip 34243	Zip 34243
Country U.S.	Country U.S.

4. FEI Number	65-0783464	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG
2033 MAIN ST., STE. 600
SARASOTA FL 34237

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGER, DAVID W 1310 HILLVIEW DR. SARASOTA FL 34239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDMAN, STUART 49 VALLEY RD. OLD WESTBURY NY 11568 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

[illegible]

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: ~~SIGNATURE~~ 5-1-00 941-351-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #