

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90138 016 ***150.00

DOCUMENT # P97000064381

1. Corporation Name

EVENT SPONSORSHIP PRODUCERS, INC.

Principal Place of Business

1471 EAST LAKE WOODLANDS PARKWAY
OLDSMAR FL 34677

Mailing Address

1471 EAST LAKE WOODLANDS PARKWAY
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

59-3464604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00-May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1813 Greenwood Drive

Suite, Apt. #, etc.

22 City & State

23 Oldsmar, FL

Zip Country

24 34677 25 U.S.

2a. Mailing Address

26 1813 Greenwood Drive

Suite, Apt. #, etc.

27

City & State

28 Oldsmar, FL

Zip Country

29 34677 30 U.S.

9. Name and Address of Current Registered Agent

DAUGHERTY, PEGGY A
1471 EAST LAKE WOODLANDS PARKWAY
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

James A. Hayek

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

1813 Greenwood Drive

83

84 City

Oldsmar

FL

85 Zip Code
34677

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

JAMES A. HAYEK

(NOTE: Registered Agent signature required when reinstating)

4/19/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME DAUGHERTY, GARY S
STREET ADDRESS 1471 EAST LAKE WOODLANDS PARKWAY
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☒ DELETE

NAME DAUGHERTY, PEGGY A
STREET ADDRESS 1471 EAST LAKE WOODLANDS PARKWAY
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ DELETE

NAME HAYEK, JAMES A
STREET ADDRESS 1813 GREENWOOD DR.
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ DELETE

NAME HAYEK, ANN M
STREET ADDRESS 1813 GREENWOOD DR.
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

President

☒ Change ☐ Addition

3.2 NAME

Hayek, James A

3.3 STREET ADDRESS

1813 Greenwood Dr.

3.4 CITY-ST-ZIP

Oldsmar, FL 34677

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

Vice President

4.3 STREET ADDRESS

Hayek, Ann M

4.4 CITY-ST-ZIP

1813 Greenwood Dr.

Oldsmar, FL 34677

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)