

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

FILED

Apr 29 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000066400 (7)**

1. Corporation Name  
**MARATHON SPORTS MARKETING, INC.**



Principal Place of Business <b>501 1ST AVE. N., STE. 516 ST. PETERSBURG FL 33701</b>	Mailing Address <b>501 1ST AVE. N., STE. 516 ST. PETERSBURG FL 33701</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/31/1997</b>	
21 Suite, Apt. #, etc. <b>Suite 508</b>	26 Suite, Apt. #, etc. <b>Suite 508</b>	4. FEI Number <b>59-3459864</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country <b>USA</b>	29 Country <b>USA</b>	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAHER, PETER K**  
**501 1ST AVE. N., STE. 516**  
**ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name <b>Alfred E. Sapp Jr.</b>	85 Zip Code <b>33706</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9750 Gulf Blvd, # C-7</b>	
83	
84 City <b>Treasure Island</b>	85 State <b>FL</b>

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 *Alfred E. Sapp Jr.* **Alfred E Sapp Jr** **04/24/98**  
Signature required if printed name of registered agent and agent is applicable (NOTE: Registered Agent signature required when instituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAHER, PETER K</b>		1.2 NAME	
STREET ADDRESS <b>6191 BABIA DEL MAR BLVD.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33715</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARLEY, EUGENE J</b>		2.2 NAME	
STREET ADDRESS <b>804 MONTE CRISTO BLVD.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TIERRA VERDE FL 33715</b>		2.4 CITY-ST-ZIP	
TITLE <b>DVST</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>DPST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SAPP, ALFRED E JR.</b>		3.2 NAME	<b>} SAME</b>
STREET ADDRESS <b>9750 GULF BLVD. #C-7</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TREASURE ISLAND FL 33706</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Alfred E. Sapp Jr.* **Alfred E Sapp Jr** **04/24/98** **813/821-7222**

CR2E034 (10/97)