2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P97000074152 Apr 07, 2000 8:00 am SPORTS EVENTS TICKETS, INC. Secretary of State 04-07-2000 90022 044 ***150.00 Principal Place of Business Mailing Address 6202 BENJAMIN RD. 6202 BENJAMIN RD. TAMPA FL 33779-1428 TAMPA FL 33634 2. Price par Place of Business Bank Bldg 801 West Bay Dr. 3 First Onion Bank Bldg. <u>801 West Bay Dr.</u> Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 201 Suite 201 City & State Applied For City & State 4. FEI Number 59-3465838 Not Applicable <u>Largo, FL</u> Largo. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33770 USA 33770 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, BONNIE A Steal Andress (P.D. Box Number is Not Acted able) 801 West Pay Dr., Suite 201 6202 BENJAMIN RD. **TAMPA FL 33634** Zip Code 33770 Largo 8. The above named entire submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1/28/00 SIGNATURE agent and title if applicab FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 □ -Trust Fund Contribution. Added to Fees , (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **x**☐ Change Addition Delete TITLE HARRIS, BONNIE A NAME NAME STREET ADDRESS 6202 BENJAMIN RD. STREET ADDRESS 801 West Bay Dr., Suite 201 CITY-ST-ZIP TAMPA FL 33634 CITY-ST-7IP Largo, FL 33770 Change 😾 ■ Addition Delete TITLE PORCELLI, JR. P. Peter J. Porcelli II NAME 6202 BENJAMIN RD STREET ADDRESS STREET ADDRESS 801 West Bay-Dr., Suite 201 CITY-ST-ZIP TAMPA FL 33634 CITY-ST-ZIP <u>Largo, FL 33770</u> Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ag with all other like empowered

INTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00 Date

ext. 202