SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).							
PRO CORPO		ATION (FLORIDA DEPARTM			FILED	
	JAL (EPORT 8	Secretal DIVISION OF	ry of Stat		sa Jul 29 Mill: 0	9
DOCUMENT # P97000080618 (6)						SECRET A STATE TALLARIZEDE, FLORIDA	
COURTSIDE INC.							
Principal Plac	e of Bu	elness	Mailing Address				<u>an anda aring dinah iyadi tahi tahi</u>
C/O STEVEN R. PAR 222 LAKEVIEW AVE W. PALM BEACH FL		TE. 800 222 LAKEVIEW AVE., STE. 800				DO NOT WRITE IN TH	IS \$P ACE
						09/16/1997	:
21	Place of Business 2a. Mailing Address 26				4. FEI Number 58-2342870	Applied For Not Applicable	
22	Suite, Apt. #, etc?		Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	The state of the s		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country Zip		30	ntry	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
		TION SERVICE COMPANY		· 			
1201 HAYS STREET TALLAHASSEE FL 32301-2525					82 Street Add	fress (P.O. Box Number is Not Acceptable)	-
INCOMINGULL I'L SESSITESES				83			
	1				84 City		85 Zip Code
						F	<u> </u>
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 arm fartillar with, and accept the obligations of, section 607.0505, Florida Statutes.							
SIGNATURE	Signatus	typed or printed name of registered agent ar	nd title if applicable. (NC	TE: Registe	red Agent signature re	quired when reinstating) DATE	2:
12.	_	OFFICERS AND		13.	 	ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	D	L HENRY	L DELETE	1.1 TI		راسان راسان المساور والساور وا	Change Addition
STREET ADDRESS		GREENE ST., 5TH FL.			REET ADDRESS	10000260: -02/06/92-	-0 1 074011
CITY-STATE		YORK NY 10012			Y-ST-ZIP	****550.0	0 *****550,00
TITLE	D	DELETE		2.1 17	LE		Change Addition
DENE	BUHL MARIE-FRANCE		2.2 NAME			-	
STREET ADDRESS		REENE ST., 5TH FL. YORK NY 10012			REET ADDRESS TY-ST-ZIP		
CITY-ST-ZIP TITLE	D	DELETE		3.1 TIT			Change Addition
NAME		M, GEORGE		3.2 NA	ме		
STREET ADDRESS	114 GREENE ST., 5TH FL.		1	REET ADDRESS		,	
CITY-ST-ZIP	D	EW YORK NY 10012		3.4 CI	Y-ST-ZIP		
TITLE NAME	MERRIT, RAYMOND W		4.2 NA		54 ₇₋₂ 9	Change Addition	
STREET ADDRESS	DRESS 153 E. 53RD ST., 1 CITICORP CENTER			REET ADDRESS	72.29	7.5	
CITY-ST-ZIP	NEW YORK NY 10153		4.4 CI	Y-ST-ZIP			
TITLE	D	. VPANIETII	DELETE 5.1 T				Change Addition
NAME. STREET ADDRESS		N, Kenneth 7, 72nd st.		5.2 NAF 5.3 STR			† ***
CITY-ST-ZIP	NEW YORK NY 10021		1	Y-ST-ZIP		4 6	
TITLE			DELETE	6.1 TIT			Change Addition
NAME		‡ :		6.2 NA	ME		Ţ ·
STREET ADDRESS		a थ		1	REETADDRESS		:
CITY-ST-ZIP	L			6.4 CI	Y-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 innual 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.