

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

93 APR 27 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/18/1997
4. FET Number
NOT APPLICABLE
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No
10. Name and Address of New Registered Agent

DOCUMENT # **P97000080993**

1. Corporation Name

NORTH AMERICAN SPORTS MANAGEMENT IV, INC.

Principal Place of Business

**1551 SANDSPUR ROAD
MAITLAND FL 32751**

Mailing Address

**P.O. BOX 4961
ORLANDO FL 32802-4961**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
890 N. ORANGE AVE., STE. 1100
ORLANDO FL 32801**

81 Name

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

83

84 City

FL 85 Zip Code

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when the following)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **D** [] DELETE
NAME **GINSBURG, ALAN H**
STREET ADDRESS **2200 LUCIEN WAY, STE. 450**
CITY-STATE-ZIP **MAITLAND FL 32751**

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DPST** ☒ Change ☐ Addition
12 NAME **GINSBURG, ALAN H.**
13 STREET ADDRESS **1551 SANDSPUR ROAD**
14 CITY-STATE-ZIP **MAITLAND, FL 32751**

21 TITLE [] Change [] Addition
22 NAME **100002853371 - 2**
23 STREET ADDRESS **-04/30/99--01137--025**
24 CITY-STATE-ZIP ******150.00 ****150.00**

31 TITLE [] Change [] Addition
32 NAME
33 STREET ADDRESS

34 CITY-STATE-ZIP [] Change [] Addition
41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY-STATE-ZIP [] Change [] Addition
51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY-STATE-ZIP [] Change [] Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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

ALAN H. GINSBURG, PRESIDENT

4/22/99

407/741-8500

0091328

CR2E034 (1/198)