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

PROFIT. CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

99 APR 27 AN 10: 36

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700080994

DOCUMENT # P9700080994 1. Corporation Name NORTH AMERICAN SPORTS MANAGEMENT V, INC.				SECRETARY OF STATE TALLAMASSEE, FLORIDA
Principal Plac	e of Business	Mailing Address		
1551 SANDSPL MAITLAND FL	JR ROAD	P.O. BOX 4961 ORLANDO FL 32802-4961		DO NOT WRITE IN THIS SPACE
2. Principal F 21 Suite, Apt 22 City & Stal		2a. Mailing Address 26 Suite, Apt #, etc 27 City & State		3. Date Incorporated or Qualified 09/18/1997 4. FET Number NOT APPLICABLE 5. Gerbicate of Status Desired 6. Election Campaign Financing \$5.00 May Be
Zip 24	Country 25 9. Name and Address of Current F	28] Ζφ [29] [3	Country	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax [1 Yes
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 82 82 82 83 84 84 84 84 84 84 85 84 85 85				Address (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. Thereby 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 registerinal agent and tribe that placed to the street of the street				
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	[]DELETE	11 Tillet	DPST X Unange [Addition
NAME	GINSBURG, ALAN H		1.2 NAME	GINSBURG, ALAN H.
STREET ADDRESS	1551 SANDSPUR ROAD		13 STREET ADORESS	1551 SANDSPUR ROAD
CITY-ST-ZIP TITLE	MAITLAND FL 32751	[DELETE	14 CHY-ST-ZIP 21 HILE	MAITLAND, FC 3275/
NAME		Į į pettit	2.2 NAME	[] Ostaligo [] Postalos
STREET ADDRESS	ı		23 STREET ADDRESS	
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STREET ADDRESS			33 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP			34 CITY-\$1-ZIP	
TITLE		[DECETE	4.1 TITLE	[Change [Add ton]
NAME			4 2 NAME	
STREET ADDRESS			43 STREET ADORESS	
City-\$1-2iP		Tell La Committee	4 4 CHY-51-2IP	
TITLE		[] DELETE	5 1 TULF	[] Charige [Addition]
NAME		;	5.2 NAME	
STREET ADORESS			53 STREET ADDRESS	
City-S1-ZiP		Election d	54 CH Y-ST-ZIP 61 THTLE	tion Itims
TITLE NAME		[] DELETE	62 NAME	[Change [Addition

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules I further certify that indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath officer or director of the corporation or the precisive or trustee emplowered to execute this report as required by Chapter 607. Florida Statutes, and that my name a Block 13 if changed, or on an application with an address, with all other like emplowered.

SISTREFILADORESS

6.4 CITY-ST-2IP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND PRES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO