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FILED

Mar 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000102039 (9)

1. Corporation Name  
ATHLETIC EVENT MARKETING, INC.

Principal Place of Business  
409 MONTGOMERY ROAD  
SUITE 105  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
409 MONTGOMERY ROAD  
SUITE 105  
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/03/1997

4. FEI Number ☒ Applied For  
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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 569 HeatherBrite Cr.  
Suite, Apt. #, etc.  
22 Apopka, FL 32714  
City & State

2a. Mailing Address  
26 P. O. Box 916233  
Suite, Apt. #, etc.  
27 Longwood, FL 32791  
City & State

23 Zip  
24 Country

28 Zip  
29 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2626

10. Name and Address of New Registered Agent

81 Name  
WILLIAM R. HERRMAN, ESQ.  
82 Street Address (P.O. Box Number is Not Acceptable)  
409 MONTGOMERY RD. SUITE 105  
83 ALTAMONTE SPRINGS, FL 32714  
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 WILLIAM R. HERRMAN

(NOTE: Registered Agent signature required when relocating)

DATE

2/5/98

12. OFFICERS AND DIRECTORS

TITLE  
NAME PRESIDENT  
STREET ADDRESS ROBERT L. BEAMS  
CITY-ST-ZIP PO BOX 916233, LONGWOOD, FL 32791

TITLE  
NAME VICE PRESIDENT  
STREET ADDRESS HEATHER L. BEAMS  
CITY-ST-ZIP PO BOX 916233, LONGWOOD, FL 32791

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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: Robert L. Beams President

2/5/98 (407) 865-6333

CR2E034 (10/97)

(2)

P

ROBERT L. BEAMS  
569 Heather Brite Cr.  
Apopka, FL 32712

VP

Heather L. BEAMS  
569 Heather ~~Brite~~ BRITE Circle  
Apopka, FL 32712