CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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

FILED May 15 1998 8:00am Secretary of State

| DOCUMENT: # | P97000108277 | (9) |
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FLORIDA SPORTS MANAGEMENT, INC.

| , (micipa: 1 maco 9) | D 40000 | |
|----------------------|----------------|--------|
| 905 SOUTHEAST | | AVENUE |
| Gainesville fl | 32001 | |

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

Mailing Address



305 SOUTHEAST SECOND AVENUE GAINESVILLE FL 32601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/26/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible X No 25 29 30 Personal Property Tax due June 30. Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AVERA, MARK A 305 SOUTHEAST SECOND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32601** 83 84 City 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 4 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typied or printed hashe of registered agout and title it apposable (NOTE: Registered Agent signature required when roinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change 1.1 TOUR TITLE AVERA, MARK A NAME 1.2 NAME MARK A. AVERA CR2E034 P.O. BOX 2519 STREET ADDRESS 1.3 STREET ADDRESS 305 S.E. 2nd Avenue **GAINESVILLE FL 32602** 1.4 CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL 32601 DELETE 2.1 TITLE Change Addition TITLE LENTZ, FRANKLIN A NAME 2.2 NAME **63**5 NORTHEAST FIRST STREET STREET ADDRESS 23 STREET ADDRESS **GAINESVILLE FL 32601** CITY-ST-ZIP 2. 4 C(TY - ST - Z(P DELETE 3.1 TITLE N Change ☐ Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE 600002528546 -05/19/98--01031--005 61 TITLE ___ Addition TITLE 6.2 NAME NAME

14. Thereby certify that the information supplied with the indicated on this annual report or supplementary of officer or director of the corporation or the receivers Block 12 or Block 13 if changes, or on an attached og does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information upon is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an uslice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address.

6.3 STREET ADDRESS

***150.00