

09231999-90005-034-\$550.00-\$550.00

999.

0051600

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 OCT -6 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **P98000011025**

1. Corporation Name

GRAVITY SPORTS, INC.

Principal Place of Business

200 EAST LAS OLAS BLVD SUITE 1900
FORT LAUDERDALE FL 33301

Mailing Address

200 EAST LAS OLAS BLVD SUITE 1900
FORT LAUDERDALE FL 33301

9/23/99 90005 034 \$550.00
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/04/1998

4. FEI Number

65-071698

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property.☐ Yes☒ No

9. Name and Address of Current Registered Agent

BEILLY, ROXANNE K
200 EAST LAS OLAS BLVD SUITE 1900
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 807.0502 and 807.1506, 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 807.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retitling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GAGNON, STEVE F	
STREET ADDRESS	2101 SW 18TH AVE	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33315	

TITLE	D	☐ DELETE
NAME	DUMAS, ROBERT A	
STREET ADDRESS	9461 BARITONE COURT	
CITY-STATE-ZIP	BOCA RATON FL 33469	

TITLE	D	☒ DELETE
NAME	FREEDMAN, MARC E	
STREET ADDRESS	5176 EVANWOOD AVE	
CITY-STATE-ZIP	OAK PARK CA 91301	

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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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 individual or trust empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on so-called "ghost" addresses.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

KE

CR2E034 (5/99)