PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Apr 21, 1999 8:00 am Secretary of State

21-1999 90143 002 ***150.00

ANNUAL REPORT 1999		Secretary of State DIVISION OF CORPORATIONS		04-2
DOCUMENT # PO 1. Corporation Name GRIDIRON SPORTS MAN		265		
Principal Place of Business	Maili	ng Address		14214421 114 (bran 1611)
4915 AUBURN AVE.	4915	AUBURN AVE.		

GRIDIRO	n sports managemen	IT, INC.													1
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Zip	Country		Zip	Co	untry		8.	This corpor	ration owes th	e current ye	ear Inta			-	1
24	25	29		30					roperty Tax.			X Ye	<u>. [</u>	□No	4
	9. Name and Address of Curr	ent Regis	stered Agent				10.	Name and	Address of	New Regis	tered /	lgent			4
	FT010/ B1011450 5				81	Name									
	etsky, richard P	~~~			82	Street /	Address (F	O. Box Nu	mber is Not A	cceptable)					1
	PALM BEACH LAKES BLVD.,	SIE.900			Ш		· · · · · ·								4
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11. Pursuant	to the provisions of Sections 607.0	502 and 6	07.1508, Florida S	Statutes, the	above	e-named o	corporation	n submite thi	is statement f	or the purpo	ose of o	hangii tment	ng its n	egistered istered	ļ .
11. Pursuant office or ragent 1 a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 6 te of Florio gations of	607.1508, Florida S da. Such change v , Section 607.0505	Statules, the was authorized, Florida Sta	above ed by tutes.	e-named of the corpo	corporation oration's bo	n submits thi pard of direc	is statement fi tors. I hereby	or the purpo accept the	osa of o appoin	hangi tment	ng its n as regi	egistered istered	
	to the provisions of Sections 607.0 registered agent, or both, in the Starn familiar with, and accept the obli-	502 and 6 te of Flori gations of							is statement f tors. I hereby			hangi tment	ng its r as regi	egistered istered	-
11. Pursuant office or r agent. I a SIGNATURE	Signature, typed or printed name of registered a	gent and title	If applicable.	(NOTE: Registers	id Agen		required when I	reinstating)		D/	ATE				(86
SIGNATURE	Signature, typed or printed name of registered a OFFICERS	gent and title	If applicable.	(NOTE: Registere	d Agen		required when I	reinstating)	is statement fi tors. I hereby VCHANGES T	D/	ATE	D DIRI	ECTOR	RS IN 12	11/98)
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14. I hereby certify that the information supplied with this filling 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 or an attachment with an address, with all other like empowered.

SIGNATURE: ETDES DUTS TURE REQUIRED 4/14/99 (301) 907-2484

Bignature and typed on France or Director or Dire