PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000071454

1. Corporation Name

BRODIE SPORTS MANAGEMENT, INC.

						,			
Principal Place of Business Mailing Address							514 5 8 891 51 8 11 8198 1 1		
2234 NORTH FEDERAL HIGHWAY 2234 NORTH FEDERAL HIG				WAY					
SUITE 378 SUITE 378				••••			•		
BOCA RATON FL 33431 BOCA RATON FL 33431							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							08/17/1998		
2. Principal Pl	ace of Business	2a. Mailing Addres	s				4. FEI Number		plied For
21		26					C50858892		t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			ي مسود ج دريون	5Certificate of Status Desired	\$8.75 A	Additional equired ~ ~ ~ ~ [
22	·	27				_		-	` —
City & State	9	City & State				٠	6. Election Campaign Financing	\$5.00 : Added to	•
23		28		Count			Trust Fund Contribution	-	5 rees
Zip	Country	Zip	[у		This corporation owes the current year Personal Property Tax.		□No
24	25	29	30	ļ			10. Name and Address of New Register		
Name and Address of Current Registered Agent					1	Name	10. Haile and Address of New Keylster	,u rigetit	
AME	RILAWYER			Ľ		<u> </u>			
343 ALMERIA AVENUE				8	2	Street Address	ss (P.O. Box Number is Not Acceptable)		
	AL GABLES FL 33134			8	+		- MALPON HART		
0010	AL GADELO I E GO IOT			ľ	3				
				8	4	City		85 Zip C	Code
-					丄				
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						` #\			
		egistered agent and title if applicable.	(NOTE: Regi		ent s	signature required v		AND DIDECTO	
12.		ICERS AND DIRECTORS	-7 5	13.	_		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PTD	□ DEL	E16	1.1 TITLE				, Outside	
NAME	BRODIE, JASON A			1.2 NAME					
STREET ADDRESS	2234 NORTH FEDERA					ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 334			1.4 CITY-		ZIP		Change	Addition
TITLE	SVD	□ DEL	EIE	2.1 TITLE				☐ Change	
NAME	Brodie, Barbara L			2.2 NAME			•		
STREET ADDRESS	2234 NORTH FEDERA				<u>. </u>	ADDRESS	<u> </u>	· Second Comme	- 1
CITY-ST-ZIP	BOCA RATON FL 334			2. 4 CITY		ZIP			- FD Addition
TITLE	•	☐ DEL	ETE	3.1 TITLE	:		• •	Change	Addition
NAME				3.2 NAME			٠.		
STREET ADDRESS				3.3 STRE	ETA	ODRESS			i
CITY-ST-ZIP				3.4. CITY	-ST-	ZIP			
TITLE		☐ DEL	ETE	4.1 TITLE	1			Change	☐ Addition
NAME (•		4. 2 NAM	E				
STREET ADDRESS				4.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP				4.4 CITY-	ST-	ZIP	<u> </u>		
TITLE		☐ DEL	.ETE	5.1 TITLE			•	☐ Change	☐ Addition
NAME				5.2 NAME	Ė		•		
STREET ADDRESS		•	£431	5.3 STRE	ET A	ADDRESS			-
CITY-ST-ZIP	1:		'	5.4 CITY-		ZiP		_	
TITLE		☐ DEL	.ETE	6.1 TITLE	<i>-</i>			☐ Change	☐ Addition

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, with all other like empowered.

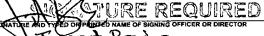
6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS



FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90022 018 ***150.00