

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90147 045 ***150.00

DOCUMENT # P98000077420

1. Corporation Name
SBA SPORTS COM, INC.



Principal Place of Business
690 OSCEOLA AVE STE 502
WINTER PARK FL 32789

Mailing Address
690 OSCEOLA AVE STE 502
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

59-3532558

Applied For
☐ No 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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1790 Bryan Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 1790 Bryan Avenue
Suite, Apt. #, etc.

23 City & State

Winter Park, FL
Zip Country

27 City & State

28 Winter Park, FL
Zip Country

24 32789 25

29 32789 30

9. Name and Address of Current Registered Agent

ABRAMS, SUZANNE
690 OSCEOLA AVE STE 502
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

Suzanne Abrams

82 Street Address (P.O. Box Number is Not Acceptable)

1790 Bryan Avenue

83

84 City

Winter Park

FL

85 Zip Code

32789

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

Suzanne Abrams

4/9/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ABRAMS, STANLEY D
STREET ADDRESS 690 OSCEOLA AVE STE 502
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE
NAME ABRAMS, SYZANNE
STREET ADDRESS 690 OSCEOLA AVE STE 502
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☒ Change ☐ Addition
1.2 NAME Abrams, Stanley D.
1.3 STREET ADDRESS 1790 Bryan Ave.
1.4 CITY-ST-ZIP Winter Park, FL 32789

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Abrams, Suzanne
2.3 STREET ADDRESS 1790 Bryan Avenue
2.4 CITY-ST-ZIP Winter Park, FL 32789

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

Suzanne Abrams (Suzanne Abrams)

Date

4/9/99

Daytime Phone #

407-599-0792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)

0079493