


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90227 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000081548

1. Corporation Name
HIGH SCHOOL SPORTS LINK, INC.



Principal Place of Business 5845 HOLLYWOOD BLVD. #202 HOLLYWOOD FL 33021	Mailing Address 5845 HOLLYWOOD BLVD. #202 HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/21/1998	4. FEI Number 65-0864694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 1814 N.E. Miami Gardens DR Suite, Apt. #, etc. 22 #800 City & State 23 North miami Bch, FL 33179 Zip Country	2a. Mailing Address 26 1814 N.E. Miami Gardens DR Suite, Apt. #, etc. 27 #800 City & State 28 North miami Bch, FL Zip Country
24 33179 25 Dade	29 33179 30 Dade

9. Name and Address of Current Registered Agent
SPINKA, RACHEL
5845 HOLLYWOOD BLVD. #202
HOLLYWOOD FL 33021

81 Name Spinka, Rachel	82 Street Address (P.O. Box Number is Not Acceptable) 1814 N.E. Miami Gardens DR.
83 #800	84 City North miami Bch, FL
85 Zip Code 33179	

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 *Rachel Spinka* DATE **4-29-99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE D	NAME SPINKA, RACHEL	<input type="checkbox"/> DELETE
STREET ADDRESS 5845 HOLLYWOOD BLVD. #202	CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE D	1.2 NAME SPINKA, Rachel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS 1814 N.E. Miami Gardens DR #800	1.4 CITY-ST-ZIP North Miami Beach, FL 33179		
2.1 TITLE	2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
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: *Rachel Spinka* DATE **4-29-99** DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)