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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 19, 2000 8:00 am Secretary of State

05-19-2000 90006 037 ***150.00

DOCUMENT # P98000103072

2000

1. Corporation Name

FAN OF THE GAME, INC.

Principal Place of Business	Mailing Address				nnns	3118	
14381 s.w. 37 STREET					0004	0414	
MIAMI, FL 33175				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualife		5	
				12/10/1998			
2. Principal Place of Business	2a. Mailing Address		<u> </u>	4. FEI Number		17	Applied For
.1	26			65-0882444			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	Additional
.] 	27			3. Certificate of Status Desired		Fee	Required
City & State	City & State			6. Election Campaign Financing	9 🗆	•	🕽 Мау Ве
	28			Trust Fund Contribution		Adde	d to Fees
Zip Country	Zip	Country		8. This corporation owes the cu	irrent year Inta		K INo
25		30		Personal Property Tax. 10. Name and Address of New	Pagistared /	Yes	₽ NO
9. Name and Address of Cur		81	Name	10. Name and Address of New	Negistered /	-tgent	
PAEZ-RAMOS, DIANA ESQ.	•						
7703 S.W. 128 PLACE		82	Street Add	ress (P.O. Box Number is Not Accep	otable)		
MIAMI, FL 33183		83					
		84	City		FI	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0	0502 and 607 1508 Florida Statute	s the above	-named corr	poration submits this statement for the	ne purpose of	changing i	ts registered
office or registered agent, or both, in the Sta	ate of Florida. Such change was au	ithorized by 1	the corporati	ion's board of directors. I hereby acc	ept the appoir	tment as	registered
agent. I am familiar with, and accept the obl	igations of, Section 607.0505, Fior	ida Statutes.					
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Agent	signature require	ed when reinstating)	DATE		
	-g						
12. OFFICERS	AND DIRECTORS	13.	- Organian o ranjama	ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECT	ORS IN 12
1	AND DIRECTORS	13. 1,1 TITLE			FFICERS AN	D DIRECT	
TILE PTD					FFICERS AN		
ME PID AME BACOTT, TOM	☐ DELETE	1.1 TITLE			FFICERS AN		
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SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM BACOTTI

04/27/00

(305) 229-8984

Daytime Phone #