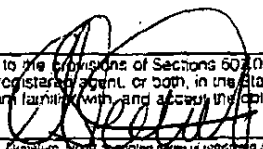
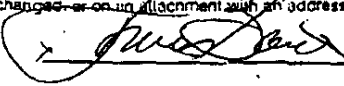


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-12-2001 90057 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 2001		 FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000103072 1. Corporation Name FAN OF THE GAME, INC.			
Principal Place of Business 10275 S.W. 34 STREET MIAMI, FL 33165		Mailing Address 10275 S.W. 34 STREET MIAMI, FL 33165	
2. Principal Place of Business 21. 10275 S.W. 34 ST.		2a. Mailing Address 26. Suite, Apt. #, etc.	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State MIAMI, FL		28. City & State	
24. Zip 33165		25. Country MIAMI-DADE	
29. Zip		30. Country	
9. Name and Address of Current Registered Agent PABZ, RAMOS DIANA ESQ. 7703 S.W. 128 PLACE MIAMI, FL 33183		10. Name and Address of New Registered Agent 81. Name MARYCEL MOLEDO BACOTTI 82. Street Address (P.O. Box Number is Not Acceptable) 10275 S.W. 34 ST. 83. City MIAMI 84. Zip Code FL 33165	
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:  (NOTE: Registered Agent signature required when reappointing) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PTD 1.2 NAME BACOTTI, TOM 1.3 STREET ADDRESS 14381 S.W. 37 STREET 1.4 CITY-ST-ZIP MIAMI, FL 33175		1.1 TITLE PTSD 1.2 NAME BACOTTI, TOM 1.3 STREET ADDRESS 10275 S.W. 34 STREET 1.4 CITY-ST-ZIP MIAMI, FL 33165	
2.1 TITLE VPSD 2.2 NAME ARIAS, MIKE 2.3 STREET ADDRESS 14381 S.W. 37 STREET 2.4 CITY-ST-ZIP MIAMI, FL 33175		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 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.			
SIGNATURE:  TOM BACOTTI		04/20/01 305-225-8918	

EMPIRE CORPORATE KIT

SEP-10-1998 09:57