

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S50076** (6)  
1. Corporation Name  
**BLOODSPORT, INC.**



Principal Place of Business <b>450 OHIAKEE DR ORLANDO FL 32801 US</b>	Mailing Address <b>PO BOX 555100 ORLANDO FL 32855-5100 US</b>
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2. Principal Place of Business 21 <b>1603 S. BUNNY AVE.</b> Suite, Apt. #, etc. 22 City & State 23 <b>ORLANDO FL</b> Zip 24 <b>32806</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>1603 S. BUNNY AVE.</b> Suite, Apt. #, etc. 27 City & State 28 <b>ORLANDO FL</b> Zip 29 <b>32806</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>05/01/1991</b>	3a. Date of Last Report <b>06/18/1996</b>
		4. FEI Number <b>59-1948360</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

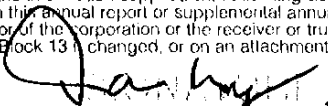
9. Name and Address of Current Registered Agent <b>MORGAN, DAN 450 OHIAKEE DRIVE ORLANDO FL 32801</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1603 S. BUNNY AVE.</b> 83 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32806</b>	
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11. 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  **DAN MORGAN, PRESIDENT** 4/15/97  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MORGAN, DAN</b>			1.2 NAME			
STREET ADDRESS	<b>3544 COUNTRY LAKES DR.</b>			1.3 STREET ADDRESS	<b>1603 S. BUNNY AVE</b>		
CITY-ST-ZIP	<b>ORLANDO FL</b>			1.4 CITY-ST-ZIP	<b>ORLANDO FL 32806</b>		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MORGAN, SHAWN</b>			2.2 NAME			
STREET ADDRESS	<b>3544 COUNTRY LAKES DRIVE</b>			2.3 STREET ADDRESS	<b>1603 S. BUNNY AVE</b>		
CITY-ST-ZIP	<b>ORLANDO FL</b>			2.4 CITY-ST-ZIP	<b>ORLANDO FL 32806</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:  **DAN MORGAN, PRESIDENT** 4/15/97 407-895-6676

CR2E034 (9/96)