SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DE PARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (9)V50063 CHAMPION SPORTS PRODUCTIONS, INC. Principa! Place of Business Mailing Address 633 NORTHEAST 167 STREET 633 NORTHEAST 167 STREET SUITE 612 SUITE 612 NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1992 08/25/1995 Principal Place of Business 4. FLI Number 2a. Mailing Address Applied For 65-0343355 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Ζφ Country Country 8. This corporation has liability for intang-ble tax under s. 199 032 Yes 🔀 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 SIGNORELLO, MARIO F., JR. 350 NE 165 ST 82 Street Address (P.O. Box Number is Not Acceptable) N MIAMI BEACH FL 33162 83 84 City Zip Code 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. (NOTE: Response of Agent's greature required when remistation OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME SIGNORELLO, MARIO F., JR 1.2 NAME CR2E034 2460 NE 209 TER. STREET ADDRESS 1.3 STREET ADDRESS N MIAMI BEACH FL 33182 CITY-ST-2IF 1.4 CITY - ST - ZIP TITLE DELETE 2.1701.6 Change Addition NAME SIGNORELLO, MARIO F., SR 2.2 NAME 350 NE 165 ST STREET ADDRESS 2.3 STREET ACCRESS N MIAMI BEACH FL CITY-ST-ZIP 2 4 CHY+ST ZIF DELETE Change Addition TITLE 3 1 7111.6 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CiTY - \$1 - 2iP TIFLE DELETE 4.1 TITLE Change \_\_\_\_ Add-tion 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS CiTY-S1-ZiP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Fronda 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 trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

54 CITY ST ZIP

6.3 STREET ADDRESS

6.4 CHY - ST - ZIP

& 1 TITLE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

86196 (305) 555-00-057

Change Addition