


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90004 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V52961
1. Corporation Name
SPORTSDAY PRODUCTIONS, INC.

Principal Place of Business 4761 TURKEY SCRATCH WAY JACKSONVILLE FL 32257	Mailing Address 4761 TURKEY SCRATCH WAY JACKSONVILLE FL 32257
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/24/1992

4. FEI Number 59-3131408	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business 21 3741 Planters Creek Cir Suite, Apt. #, etc. EAST 22 City & State 23 Jacksonville, FL Zip 24 32224-7667	2a. Mailing Address 26 3741 Planters Ck. Cir. East Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL Zip 29 32224-7667
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9. Name and Address of Current Registered Agent

FRANGIE, FRANK M.
4761 TURKEY SCRATCH WAY
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name FRANGIE, FRANK M.	85 Zip Code 32224-7667
82 Street Address (P.O. Box Number is Not Acceptable)	
83 3741 Planter's Creek Circle E.	
84 City Jacksonville	86 State FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	FRANGIE, FRANK M
STREET ADDRESS	4716 TURKEY SCRATCH WAY
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FRANGIE, SUSANNE Y
STREET ADDRESS	4761 TURKEY SCRATCH WAY
CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	D <input type="checkbox"/> DELETE
NAME	DOWDY, J. GLENN
STREET ADDRESS	11240 PINTO CT.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3741 Planters Creek Circle E.
1.4 CITY-ST-ZIP	Jacksonville, FL 32224-7667
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3741 Planters Creek Circle E.
2.4 CITY-ST-ZIP	Jacksonville, FL 32224-7667
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

CR2E034 (5/99)



V02461
600009-90004-4

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ENCLOSED ARE CORP. ANNUAL REPORT CHECKS FOR \$150 FOR CORPORATIONS:

SPORTSDAY PRODUCTIONS

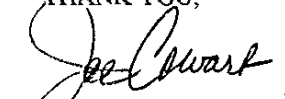
AND

JAX SPORTS RADIO

WE DID NOT RECEIVE ORIGINAL NOTICES FOR FILING DUE TO AN ADDRESS CHANGE. WE DID FILE WITH THE POST OFFICE A NOTICE OF ADDRESS CHANGE BUT STILL DID NOT RECEIVE NOTICE. HOWEVER, WE DID RECEIVE SECOND NOTICE WITH A CHANGE OF ADDRESS STICKER FROM THE POST OFFICE. WE CALLED YOUR OFFICES TO EXPLAIN OUR PROBLEM AND WERE TOLD TO EXPLAIN IN LETTER FORM.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT (904) 636-0507X3067

THANK YOU,


JOE COWART,
DIR. of OPERATIONS