


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000023205
1. Entity Name
GRAND SLAM SPORTS MARKETING, INC.



Principal Place of Business 20533 BISCAYNE BOULEVARD SUITE 4163 AVENTURA, FL 33180	Mailing Address 20533 BISCAYNE BOULEVARD SUITE 4163 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1081861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEADER, JERRY
20533 BISCAYNE BOULEVARD
SUITE 4163
AVENTURA, FL 33180

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent:

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STOLLE, FRED 20533 BISCAYNE BOULEVARD AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO DAVIDSON, OWEN 20533 BISCAYNE BOULEVARD AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEADER, JERRY 20533 BISCAYNE BOULEVARD AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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UNIFORM 75632
01/10/05-80059-009 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 1/5/05 Daytime Phone #: 705-931-9750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR