


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90019 015 ***150.00

DOCUMENT # P02000132436

1. Entity Name
 DIRECT SPORTS AND LEISUREWEAR, INC.



Principal Place of Business
 200 E. ROBINSON STREET
 SUITE 500
 ORLANDO, FL 32801

Mailing Address
 200 E. ROBINSON STREET
 SUITE 500
 ORLANDO, FL 32801

2. Principal Place of Business
6557 Gibson Drive
 Suite, Apt. #, etc.


3. Mailing Address
20 N. ORANGE AVE
 Suite, Apt. #, etc.
SUITE 407

City & State
Orlando, FL

City & State
 City & State

Zip
32809

Country



01132004 Chg-P CR2E034 (10/03)

4. FEI Number
13-4233308

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HENDRY, STONER, DELANCETT & BROWN, P.A.
 20 N. ORANGE AVENUE
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
SUITE 407

City **FL** Zip Code

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 *[Signature]* *3/4/04*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: *[Signature]* **STEPHEN MARRIOTT** *3.2.04.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *407 995 9310*