


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000096298</b>		
1. Entity Name <b>THE HOCKEY SOURCE, INC.</b>		

Principal Place of Business <b>6738 N. UNIVERSITY DR. TAMARAC, FL 33321</b>	Mailing Address <b>6738 N. UNIVERSITY DR. TAMARAC, FL 33321</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**04 OCT -7 AM 8:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

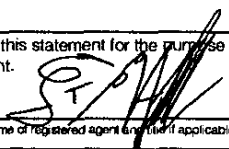


10022004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0200072</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SAMOLE, MYRON</b> <b>9700 SOUTH DIXIE HWY</b> <b>SUITE 1030</b> <b>MIAMI, FL 33156</b>		Name <b>FORTUNA PRIVIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>6738 N. UNIVERSITY DRIVE</b> City <b>TAMARAC</b> <b>FL</b> Zip Code <b>33321</b>	

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.

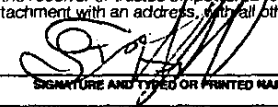
SIGNATURE:  DATE: **OCT. 3, 2004**

Signature, typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>OGDEN, ROD</b> <b>9700 SOUTH DIXIE HWY., SUITE 1030</b> <b>MIAMI, FL 33137</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PRIVIS, FORTUNA</b> <b>9700 SOUTH DIXIE HWY., SUITE 1030</b> <b>MIAMI, FL 33137</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D, P, T, S</b> <b>PRIVIS, FORTUNA</b> <b>6738 N. UNIVERSITY DRIVE</b> <b>TAMARAC, FLORIDA 33321</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **FORTUNA PRIVIS, PRESIDENT** **OCT 3, 2004** **954-718-0077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #