

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000097700

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** TOTAL SPORTS MEDIA PARTNERS INC

**Current Principal Place of Business:**

10836 LAKE MINNEOLA SHORES  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1043  
MINNEOLA, FL 34755

**New Mailing Address:**

**FEI Number:** 27-4077267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUKE, NORM A  
10836 LAKE MINNEOLA SHORES  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DUKE, NORM A  
Address: 10836 LAKE MINNEOLA SHORES  
City-St-Zip: CLERMONT, FL 34711

Title: VP  
Name: KEITH, JONES A  
Address: 25015 BANDANA CT  
City-St-Zip: LAND O LAKES, FL 34639

Title: TRE  
Name: TOLLEY, GARY O  
Address: 1043 LAKEVIEW OAKS DR.  
City-St-Zip: MINNEOLA, FL 34715

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORM DUKE

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date