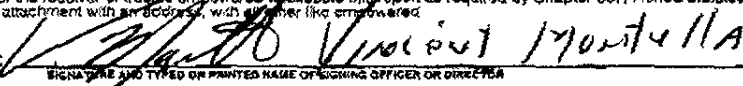


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000010251		
1. Entity Name TIGHTLINES PUBLICATIONS, INC.		
Principal Place of Business 2795 S.W. 11TH PL DEERFIELD BEACH, FL 33442		Mailing Address 2795 S.W. 11TH PL DEERFIELD BEACH, FL 33442
DO NOT WRITE IN THIS SPACE		
 02132004 No Chg-P CR2EC34 (10/03)		
4. FBI Number 65-0372847		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MONTELLA, VINCE 2795 S.W. 11TH PL DEERFIELD BEACH, FL 33442		DO NOT WRITE 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 _____ Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered agent's name required when re-filing)		
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 U000000082968 03/10/04-80020-005 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONTELLA, VINCE 2795 S.W. 11TH PL DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MONTELL, GAIL 2795 SW 11 PL DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: 2/25/04

954-570-7174