


**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED

04 AUG -5 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000039553			
1. Entity Name RUNNING SPORTS, INC.			
Principal Place of Business 813 DONALD ROSS RD JUNO BEACH, FL 33408 US		Mailing Address 813 DONALD ROSS RD JUNO BEACH, FL 33408 US	
2. Principal Place of Business 5601 Corporate Way		3. Mailing Address 5601 Corporate Way	
Suite, Apt #, etc Suite 404		Suite, Apt #, etc Suite 404	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33407	Country USA	Zip 33407	Country USA
6. Name and Address of Current Registered Agent FETSCH, VINCENT T JR 822 OCEAN DUNES CIRCLE JUPITER, FL 33477		7. Name and Address of New Registered Agent Name Brian K. Waxman Street Address (P.O. Box Number is Not Acceptable) 5601 Corporate Way Suite 404 City West Palm Beach FL Zip Code 33407	
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 <u>Brian K. Waxman</u> DATE <u>7/5/04</u> <small>Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinquishing)</small>			
Amended AR is \$61.25		9. Election Campaign Financing: Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME FETSCH, VINCENT T JR STREET ADDRESS 825 OCEAN DUNES CIR CITY-ST-ZIP JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete	TITLE D,P,T NAME Linda Neary STREET ADDRESS 5601 Corporate Way, Suite 404 CITY-ST-ZIP West Palm Beach, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D, VP, S NAME Brian K. Waxman STREET ADDRESS 5601 Corporate Way, Suite 404 CITY-ST-ZIP West Palm Beach, FL 33407	<input type="checkbox"/> Change <input checked="" 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: <u>Brian K. Waxman</u>		Date <u>7/5/04</u> Daytime Phone # <u>(561) 687-5800</u>	