

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000103043



1. Entity Name
 SPORT FISHING WORLDWIDE, INC.

Principal Place of Business
 9403 KENWOOD ROAD
 SUITE C110
 CINCINNATI, OH 45242

Mailing Address
 9403 KENWOOD ROAD
 SUITE C110
 CINCINNATI, OH 45242



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 31-1631626 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STALNAKER, WALLACE F JR
 300 INTERNATIONAL PARKWAY #376
 HEATHROW, FL 32746

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 state if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE CD
 NAME JACK, IAN C
 STREET ADDRESS 9403 KENWOOD RD STE C110
 CITY-ST-ZIP CINCINNATI, OH 45242

TITLE PD
 NAME RUPRECHT, SCOTT E
 STREET ADDRESS 9403 KENWOOD RD STE C110
 CITY-ST-ZIP CINCINNATI, OH 45242

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 CITY-ST-ZIP

U00000128227
 04/26/04-80030-005 150.00

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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-04