

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000005701 1. Entity Name FASTLINE PUBLICATIONS, INC.			
Principal Place of Business 4900 FOX RUN RD. BUCKNER, KY 40010		Mailing Address P O BOX 248 BUCKNER, KY 40010 US	
DO NOT WRITE IN THIS SPACE			
		 04012004 No Chg-P CR2E034 (10/03)	
4. FEI Number 61-0990596		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000121383 04/20/04-80050-008 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCO HOWARD, WILLIAM PO BOX 248, 4900 FOX RUN RD BUCKNER, KY 40010		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLAIR, RAYLENE PO BOX 248, 4900 FOX RUN RD BUCKNER, KY 40010		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HESS, TIMOTHY PO BOX 248, 4900 FOX RUN RD BUCKNER, KY 40010		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		TIMOTHY HESS, CFO 4/5/04 (502) 222-0446 <small>Date Daytime Phone #</small>	