2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # F94000004004 1. Entity Name 04-14-2004 90255 001 ***317.50 THE GOLF CHANNEL, INC. Principal Place of Business Mailing Address 7580 COMMERCE CENTER DRIVE 66411773 7580 COMMERCE CENTER DRIVE ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 63-1070026 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, JUSTIN Street Address (P.O. Box Number is Not Acceptable) 7580 COMMERCE CENTER DRIVE ORLANDO FL 32819 City Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition Delete TITL F TITLE Jeffrey Dilley 7590 Commerce Center or NAME DAVIS, CINDY NAME 7580 COMMERCE CENTER DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ORIANDO FL 32819 TITLE Delete ☐ Change Addition TITLE SMITH, JUSTIN NAME NAME STREET ADDRESS 7580 COMMERCE CENTER DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition MANOUGIAN-DAVID-NAME STREET ADDRESS 7580 COMMERCE CENTER DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP Deiete ☐ Change ☐ Addition TITLE TITLE GREENWAY, ROBERT M NAME NAME 7580 COMMERCE CENTER DR STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP 117LE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employed 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.

4-5m4

407-345-4676

FILED