2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90030 014 ***150.00

DOCUMENT # F97000001315

1. Entity Name
PREMIER SPORTS & ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
1025 WEST SAMPLE ROAD SUITE 210 CORAL SPRINGS, FL 33065	1025 WEST SAMPLE ROAD SUITE 210 CORAL SPRINGS, FL 33065

01272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10235 West Sample Rd	10235 West Sample Rd.
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.: Suite 210
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. FEI Number 65-0731963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEISMAN, ELIOT 1401 UNIVERSITY #602 CORAL SPRINGS, FL 33071	Name: Eliot Weisman Street Address (P.O. Box Number is Not Acceptable): 10235 West Sample Road Suite 210 City: Coral Springs FL Zip Code: 33065

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCPT WEISMAN, ELIOT 1401 UNIVERSITY #602 CORAL SPRINGS, FL 33071	☐ Delete	DCPT Eliot H. Weisman 10025 Vestal Place Coral Springs, FL 33071	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS, STD WEISMAN, ROY 1401 UNIVERSITY #602 CORAL SPRINGS, FL 33071	☐ Delete	VS Roy Weisman 10235 West Sample Rd, Suite 210 Coral Springs, FL 33071	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHENKIN, LONNIE 1401 UNIVERSITY #602 CORAL SPRINGS, FL 33071	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

DATE RECEIVED MAR 29 2004
AUTHORIZED _____
DATE _____
DATE POSTED _____
ACCT. CHARGED _____
DATE PAID _____
CHECK # _____

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #