

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001876

Entity Name: SEATS EXCHANGE, INC.

FILED  
Feb 18, 2004  
Secretary of State

## Current Principal Place of Business:

307 BEACH AVENUE  
ATLANTIC BEACH, FL 32233

## New Principal Place of Business:

## Current Mailing Address:

270 GRAPEVINE RUN  
ATLANTA, GA 30350

## New Mailing Address:

FEI Number: 58-1909099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POST, MICHAEL J  
307 BEACH AVENUE  
ATLANTIC BEACH, FL 32233 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: POST, MICHAEL J  
Address: 307 BEACH AVENUE  
City-St-Zip: ATLANTIC BEACH, FL

Title: S ( ) Delete  
Name: POST, SHEILA  
Address: 307 BEACH AVENUE  
City-St-Zip: ATLANTIC BEACH, FL

Title: V ( ) Delete  
Name: POST, ANDREW  
Address: 270 GRAPEVINE RUN  
City-St-Zip: DUNWOODY, GA 30350

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition  
Name: POST, MICHAEL J  
Address: 307 BEACH AVENUE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S (X) Change ( ) Addition  
Name: POST, SHEILA  
Address: 307 BEACH AVENUE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. POST

PRES

02/18/2004

Electronic Signature of Signing Officer or Director

Date