


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000000631</b> 1. Entity Name <b>INTERNATIONAL GOLF MAINTENANCE, INC.</b>	
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Principal Place of Business <b>8390 CHAMPIONSGATE BLVD., STE. 200 CHAMPIONSGATE, FL 33896 US</b>	Mailing Address <b>8390 CHAMPIONSGATE BLVD., STE. 200 CHAMPIONSGATE, FL 33896 US</b>
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01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3489578** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPC ROSENSTEIN, ARNOLD 335 N MAPLE DRIVE, STE. 366 BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KOENIGSBERGER, RICK 1301 AVENUE OF THE AMERICAS, 38TH FL NEW YORK, NY
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEOP JACKSON, RON E 8390 CHAMPIONSGATE BLVD., STE. 200 CHAMPIONSGATE, FL 33896
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFOS SELLERS, CALVIN C III 8390 CHAMPIONSGATE BLVD., STE. 200 CHAMPIONSGATE, FL 33896
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**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)(f), 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:  **Calvin C. Sellers III** 1/11/05 (407) 589-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #