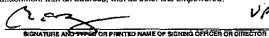
2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F98000000980 1. Entity Name FASIG-TIPTON KENTUCKY, INC. Principal Place of Business Mailing Address 2400 NEWTOWN PIKE 2400 NEWTOWN PIKE

FILED Feb 16, 2004 08:00 AM Secretary of State

LEXINGTON, KY 40511		LEXINGTON, KY 40511				A MBATT MBATT BERNA TERMI TRICE MANTENES A COMP
DO NOT WRITE IN THIS SPAC			CE	02102004 4. FEI Numbe 11-221	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Regi					
PENNY, P 3641 SE 2 OCALA, FI	2 AV	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 Signature, typed or printed name of registered agent and title if explicable. (NOTE: Registered Agent sign				ired when renstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ed to Fees		
10.	OFFICERS AND DIRE	CTORS			-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, WALTER S 2400 NEWTOWN PIKE LEXINGTON, KY 40511				U00000 02/16/04-	051782 80065-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOV BROWNING, BOYD T JR 2400 NEWTOWN PIKE LEXINGTON, KY 40511					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIGGS, JOHNNY K DR 1409 FERGUSON ROAD LEXINGTON, KY 40511			DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCLIEF, DANIEL G JR 3155 KEENE RD NICHOLASVILLE, KY 40356			IN [*]	THIS SF	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-				
TITLE HAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 path, 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:



2-11-04

859-255-1555