

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # G58271

1. Entity Name
ULISHNEY BROTHERS SPORTS, INC.



Principal Place of Business 5812 N.W. 63RD WAY PARKLAND, FL 33067	Mailing Address 5812 N.W. 63RD WAY PARKLAND, FL 33067
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FE# Number 59-2291815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ULISHNEY, EUGENE
5812 N.W. 63RD WAY
PARKLAND, FL 33067

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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 reconstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ULISHNEY, EUGENE 5812 NW 63 WAY PARKLAND, FL
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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 807, 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: Eugene Ulishney **EUGENE ULISHNEY** 6/28/04 954-344-0439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #