2004 FOR PROFIT CORPORATION

Feb 27, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # J53962 02-27-2004 90024 041 ***150.00 AMERICAN SPORTS FISHING CO., INC. Principal Place of Business Mailing Address 94021260 % C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 63-0950121 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 Zip Code FL 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 applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition HARDIN, EDWARD L. JR KIVD HARDIN, EDWARD L., JR NAME NAME 2201 ARLINGTON AVE STREET ADDRESS STREET ADDRESS ASHVILLE, TN 37205 CITY - ST - ZIP BIRMINGHAM, AL CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAMĘ STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

FILED