

FILED ANNUAL REPORT Mar 25, 2004 08:00 AM DOCUMENT # J78086 **Secretary of State** PERFORMANCE SEMINARS, INC. Principal Place of Business Mailing Address 967 BRIARCLIFF DRIVE 967 BRIARCLIFF DRIVE TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 US No Chg-P CR2E034 (10/03) 03042004 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2922759 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WEIL, JOSEPH J. DO NOT WRITE 967 BRIARCLIFF DRIVE TALLAHASSEE, FL 32308 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)

FUE	NOWIII	FEE IS	\$150.00	
			ALL NA CEEN	00

967 BRIARCLIFF DRIVE

TALLAHASSEE, FL 32308

WEIL, JOSEPH J.

OFFICERS AND DIRECTORS

10.

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000095939 03/25/04-80009-005 150.00

Applied For

\$8.75 Additional

Not Applicable

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)(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.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR