


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # M22165 1. Entity Name INSIDE TRACK PUBLISHING CORPORATION	
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Principal Place of Business 18 LOST MINE PLACE RIDGEFIELD, CT 06877 US	Mailing Address 18 LOST MINE PLACE RIDGEFIELD, CT 06877 US
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DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2640896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**HIRSCH, ED
12901 S.W. 64TH CT
MIAMI, FL 33156**

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000104818 04/06/04-80026-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, GUENTER GRAFENBERGER ALLEE 30 DUESSELDORF, W GERMANY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAYER, HANS GRAFENBERGER ALLEE 30 DUESSELDORF, W.GERM.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRSCH, ED 12901 SW 64 COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EGM SCHOELL, GISELA 18 LOST MINE PLACE RIDGEFIELD, CT 06877
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)(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: Gisela Schoell 3/29/04 (203) 431-4540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #