

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003236

1. Entity Name
FLORIDA RACING.NET INC.



Principal Place of Business

1433 BROOKS LANE
OVIEDO, FL 32765

Mailing Address

1433 BROOKS LANE
OVIEDO, FL 32765



02082004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3664207

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENTEMINGER, JANICE
1433 BROOKS LANE
OVIEDO, FL 32765

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)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | PD |
| NAME | BUTTAR, ZAHID A |
| STREET ADDRESS | 3901 IBIS DR. |
| CITY-ST-ZIP | ORLANDO, FL 32803 |
| TITLE | TD |
| NAME | ENTSMINGER, JANICE |
| STREET ADDRESS | 1433 BROOKS LANE |
| CITY-ST-ZIP | OVIEDO, FL 32765 |
| TITLE | SD |
| NAME | STYLES, CATHY |
| STREET ADDRESS | 155 LAKE DESTINY TRAIL |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 |
| TITLE | D |
| NAME | PARKER, CANDACE |
| STREET ADDRESS | 1605 S. ASBURY AVE. |
| CITY-ST-ZIP | ORLANDO, FL 32803 |
| TITLE | D |
| NAME | SMITH, VINCE |
| STREET ADDRESS | 6733 GADWALL LANE |
| CITY-ST-ZIP | ORLANDO, FL 32801 |
| TITLE | VD |
| NAME | LIPSCOMB, BOB |
| STREET ADDRESS | 1831 BIMINI DRIVE |
| CITY-ST-ZIP | ORLANDO, FL 32806 |

U000000047097
02/12/04-80027-002 61.25

12. I hereby certify that the information supplied with this filing 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 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 617, 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:

Janice Entsminger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04
Date

407-481-9182
Daytime Phone #