2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004
Secretary of State

DOCUMENT# N03000010843

Entity Name: HOLLYWOOD KNIGHTS TRAVEL BASEBALL, INC.

Current Principal Place of Business:

10326 SW 50 CT
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

10326 SW 50 CT
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 20-0577918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEALEY, JOSEPH
10326 SW 50 CT
COOPER CITY, FL 33328

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HEALEY, JOSEPH	
Address:	10326 SW 50 CT	
City-St-Zip:	COOPER CITY, FL 33328	
Title:	V	( ) Delete
Name:	STAMPLER, HARRY	
Address:	5800 PEPPERTREE CIRCLE W	
City-St-Zip:	DAVIE, FL 33314	
Title:	S	( ) Delete
Name:	BEECHER, EDDIE	
Address:	5522 SW 114 AVE	
City-St-Zip:	COOPER CITY, FL 33330	
Title:	T	( ) Delete
Name:	HEALEY, KATHLEEN	
Address:	10326 SW 50 CT	
City-St-Zip:	COOPER CITY, FL 33328	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH HEALEY P 02/20/2004

Electronic Signature of Signing Officer or Director — Date