
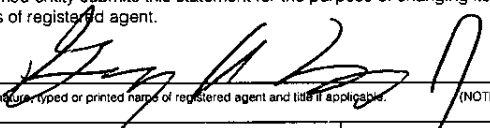
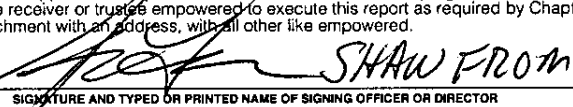


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000121 1. Entity Name NEXT LEVEL TENNIS, INC.						FILED 04 APR 29 PM 12:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 288 ROSEHILL DR TALLAHASSEE, FL 32312				Mailing Address 288 ROSEHILL DR TALLAHASSEE, FL 32312			
2. Principal Place of Business 3338 Lenox Mill Rd Suite, Apt. #, etc.				3. Mailing Address 3338 Lenox Mill Rd Suite, Apt. #, etc.			
City & State Tallahassee FL				City & State Tallahassee FL			
Zip 32309		Country Leon		Zip 32309		Country Leon	
6. Name and Address of Current Registered Agent MEROS, GEORGE 288 ROSEHILL DR TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 301 S. BRONKOWSKI ST, STE 600 City TALLA FL Zip Code 32301			
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE 4/28/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ECKHARDT, PETER			NAME	900035733279		
STREET ADDRESS	2039 MERIDIAN RD			STREET ADDRESS	05/07/04--01019--006 **61.25		
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FROM, SHAW			NAME			
STREET ADDRESS	3338 LENOX MILL RD			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FROM, PATTY			NAME			
STREET ADDRESS	3338 LENOX MILL RD			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, MIKE			NAME			
STREET ADDRESS	11001 CRAWFORDVILLE RD			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32305			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, ALAN			NAME			
STREET ADDRESS	9060 EAGLES RIDGE TRAIL			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAYEWSKI, ROB			NAME			
STREET ADDRESS	4181 KIMBERLY CIR			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP			
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 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: 				DATE: 4/28/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: 8935597			