## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N34159

FILED Apr 14, 2004 Secretary of State

Entity Name: FLORIDA SPORTS FOUNDATION, INCORPORATED

	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
930 KERI	RY FOREST PA	ARKWAY				
	SSEE, FL 3230	)9 US				
Surrent M	lailing Addres	s:	New Maili	ng Address:		
	RY FOREST PA	ARKWAY				
STE 101 FALLAHAS	SSEE, FL 3230	)9 US				
El Number	: 59-3048773	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
	EPHEN NROE STE 505 SSEE, FL 3230					
	named entity s of Florida.	submits this statement for the	e purpose of changing i	ts registered office or registered agent, or both,		
SIGNATUI	RE:					
	Electron	ic Signature of Registered A	gent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
itle: lame: ddress: city-St-Zip:	HAMMOND, BIL	STREET 4TH FLOOR	Title: Name: Address: City-St-Zip:	()Change()Addition		
itle: lame: .ddress:	ALMSTEAD, DA	E AVENUE, SUITE 1075	Title: Name: Address: City-St-Zip:	VCD (X) Change ( ) Addition ALMSTEAD, DAVE 9158 GREAT HERON CIRCLE ORLANDO, FL 32836		
City-St-Zip:				0112/11200, 1 2 02000		
itle: lame: .ddress: city-St-Zip:			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
itle: lame: ddress: city-St-Zip: itle: lame: ddress:	T () NIXON, NICK 3141 ORTEGA I TALLAHASSEE,	DR FL 32312 Delete A SIDE DR	Title: Name: Address: City-St-Zip: Title: Name: Address:			
itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	T () NIXON, NICK 3141 ORTEGA I TALLAHASSEE, D () FERRIS, DONN, 401 CHANNELS TAMPA, FL 336	DR FL 32312 Delete A SIDE DR 502 Delete N PL D8	Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition  D (X) Change ( ) Addition  NAFE, RICK  ONE TROPICANA FIELD		

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: LARRY PENDLETON P 04/14/2004