2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM Secretary of State

ANNUAL REPORT								Secretary of State				
DOCUMENT # P00000020689								~~.	or otter,	, 01 ~	·····	
1. Entry Name GLOBAL SPORTS MANAGEMENT, INC.												
Principal Place of Business				Mailing Address								
701 W CYPRESS CREEK RD., SUITE 302 FT LAUDERDALE, FL 33309				701 W CYPRESS CREEK RD., SUITE 302 FT LAUDERDALE, FL 33309			 (TO ((FO) 151	walle walli walti walti al		II d B el is i ewilw ib	IIIMI (I SKM)	
2. Principal Place of Business				Mailing Address	<u></u>							
Suite, Apt #. etc			S	Suite, Apt. #, etc.			03172004	Chg-P	CR2E03	14 (10/03)		
City & State				City & State			4. FEI Numbe 65-099			No	plied For t Applicable	
Zip 	Country			Zip Coun		etry		of Status Desired	F	8.75 Add		
	6. Name	and Address of Currer	ered Agent	Name	7. Name and	Address of New F	registered A	gent				
ARIE MREJEN, P.A. 701 W CYPRESS CREEK RD., SUITE 302 FT LAUDERDALE. FL 33309						Street Address	Street Address (P.O. Box Number is Not Acceptable)					
T LAUDENDALL, TE 00000						Gity	·····		FL	Zip Code		
						'		to the State of St				
		ly submits this statement tered agent.	for the p	urpose of changing its	register	ed office or regist	tered agent, or bo	th, in the State of Pi	orida, i am ra	ımıllar wim, i	and accept	
SIGNATURE_	Signature, typed	or printed name of registered age	rt and little if	applicable (NOT	E Registere	d Agent signature requi	red when reinstating)		DATE			
		FEE IS \$150.00 4 Fee will be \$550	.00	9. Election Campa Trust Fund Conf	-		5.00 May Be dded to Fees					
10.		OFFICERS AN	D DIREC	TORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND		3 IN 11	
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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: SIGNATURE AND TYPED MPRINTED NAME OF SECNING OFFICER OR DIRECTOR 4/39/04 954-77/-6777 Cate Daylorus Provide #												