

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90232 006 \*\*\*150.00

<b>DOCUMENT # P00000030361</b> 1. Entity Name <b>SPORTS MARKETING ASSOCIATES, INC.</b>																															
Principal Place of Business <b>519 CLEVELAND STREET SUITE 205 CLEARWATER, FL 33755</b>			Mailing Address <b>519 CLEVELAND STREET SUITE 205 CLEARWATER, FL 33755</b>																												
2. Principal Place of Business <b>1127 GROVE ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>1127 GROVE ST</b> Suite, Apt. #, etc.																													
City & State <b>CLEARWATER, FL</b>		City & State <b>CLEARWATER, FL</b>		4. FEI Number <b>59-3636487</b>																											
Zip <b>33755</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																											
6. Name and Address of Current Registered Agent <b>FRIEDMAN, MARSHA 519 CLEVELAND STREET SUITE 205 CLEARWATER, FL 33755</b>				7. Name and Address of New Registered Agent -Name- Street Address (P.O. Box Number is Not Acceptable) <b>1127 GROVE ST</b> City <b>CLEARWATER, FL</b> Zip Code <b>33755</b>																											
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: <i>Marsha Friedman</i> <b>MARSHA FRIEDMAN</b> <b>4/18/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																												
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PD FRIEDMAN, MARSHA 519 CLEVELAND ST STE 205 1127 GROVE ST CLEARWATER, FL 33755</b> </td> </tr> <tr> <td> <b>VP FRIEDMAN, STEVE 1127 GROVE ST CLEARWATER FL 33755</b> </td> <td> <input type="checkbox"/> Delete         </td> </tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FRIEDMAN, MARSHA 519 CLEVELAND ST STE 205 1127 GROVE ST CLEARWATER, FL 33755</b>	<b>VP FRIEDMAN, STEVE 1127 GROVE ST CLEARWATER FL 33755</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Marsha Friedman</i> <b>MARSHA FRIEDMAN</b> <b>4/18/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															

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