


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90014 023 ***150.00

DOCUMENT # P01000023715			
1. Entity Name FLORIDA SOCCER MARKETING, INC.			
Principal Place of Business 1877 S. FEDERAL HWY, SUITE 308 BOCA RATON, FL 33432		Mailing Address 1877 S. FEDERAL HWY, SUITE 308 BOCA RATON, FL 33432	
2. Principal Place of Business 1 S. Ocean Blvd		3. Mailing Address 1 S. Ocean Blvd	
Suite, Apt. #, etc. 303		Suite, Apt. #, etc. 303	
City & State Boca Raton		City & State Boca Raton	
Zip 33432	Country USA	Zip 33432	Country USA
6. Name and Address of Current Registered Agent LUCERI, FRANK A ONE ROYAL PALM PLACE 1877 S. FEDERAL HWY #308 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name: MICHAEL TOWNER Street Address (P.O. Box Number is Not Acceptable): 1 S. Ocean Blvd, #303 City: Boca Raton FL Zip Code: 33432	
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>Michael D Towner</i> MICHAEL D TOWNER DATE: 7/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAYLISS TOWNER, KAREN <input type="checkbox"/> Delete 1877 S. FEDERAL HWY, SUITE 308 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.D BAYLISS TOWNER, KAREN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 S. Ocean Blvd #303 Boca Raton FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNER, MICHAEL <input type="checkbox"/> Delete PO BOX 1115 BOCA RATON, FL 33429	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.S.D TOWNER, MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 S. Ocean Blvd #303 Boca Raton FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Michael D Towner</i> VP MICHAEL D TOWNER 7/15/04 (561) 542 4744 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required