

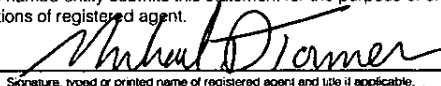
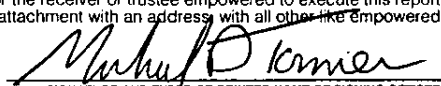


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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		4. FEI Number NOT APPLICABLE																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																																																																							
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  MICHAEL D TOWNER 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.																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PSTD</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">P.T.D</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BAYLISS TOWNER, KAREN</td> <td></td> <td>NAME</td> <td>BAYLISS TOWNER, KAREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1877 S. FEDERAL HWY, SUITE 308</td> <td></td> <td>STREET ADDRESS</td> <td>1 S. Ocean Blvd #303</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33432</td> <td></td> <td>CITY-ST-ZIP</td> <td>Boca Raton FL 33432</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>VPSD</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>TOWNER, MICHAEL</td> <td></td> <td>NAME</td> <td>TOWNER, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 1115</td> <td></td> <td>STREET ADDRESS</td> <td>1 S. Ocean Blvd #303</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33429</td> <td></td> <td>CITY-ST-ZIP</td> <td>Boca Raton FL 33432</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	P.T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BAYLISS TOWNER, KAREN		NAME	BAYLISS TOWNER, KAREN		STREET ADDRESS	1877 S. FEDERAL HWY, SUITE 308		STREET ADDRESS	1 S. Ocean Blvd #303		CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Boca Raton FL 33432		TITLE	D	<input type="checkbox"/> Delete	TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TOWNER, MICHAEL		NAME	TOWNER, MICHAEL		STREET ADDRESS	PO BOX 1115		STREET ADDRESS	1 S. Ocean Blvd #303		CITY-ST-ZIP	BOCA RATON, FL 33429		CITY-ST-ZIP	Boca Raton FL 33432		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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:  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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