

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90684 009 ***150.00

DOCUMENT # P01000043864 1. Entity Name SPORTS INSIDERS, INC.					
Principal Place of Business 2915 N FEDERAL HWY D-3 DELRAY BEACH, FL 33483			Mailing Address 2915 N FEDERAL HWY D-3 DELRAY BEACH, FL 33483		
2. Principal Place of Business 75 NE 6th Ave Suite, Apt. #, etc. 110		3. Mailing Address "Same" Suite, Apt. #, etc.			
City & State Delray Bch. FL		City & State		4. FEI Number 65-1097908	
Zip 33483		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOOMEN, JASON 7400 N FEDERAL HWY SUITE B-21 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Gregoire Gasparini Street Address (P.O. Box Number is Not Acceptable) 75 NE 6th Ave, Suite 110 City Delray Bch. FL Zip Code 33483		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEVELAND, DARREN 7400 N FEDERAL HIGHWAY SUITE B-21 BOCA RATON, FL 33487		<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"/> Change <input type="checkbox"/> Addition		
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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: 			4/25/04 561-213-9527 Date Daytime Phone #		