



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90237 007 ***150.00

DOCUMENT # P01000061210 1. Entity Name DIAMOND SPORTSCO, INC.					
Principal Place of Business 1200 CLINT MOORE RD SUITE 9R BOCA RATON, FL 33487			Mailing Address 6036 N.W. 45TH TERR. COCONUT CREEK, FL 33073		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 15165 87 Road N. Loxahatchee, FL.			
City & State		City & State		04152004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-1120406	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAMOND, KATHERINE B 16165 87TH RD. N. LOXAHATCHEE, FL 33470				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <u>Katherine B. Diamond</u> DATE: <u>4/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				FL Zip Code	
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 PD <input type="checkbox"/> Delete NAME DIAMOND, KATHERINE B STREET ADDRESS 15165 87TH RD. N. CITY-ST-ZIP LOXAHATCHEE, FL 33470				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 15165 87 Road North STREET ADDRESS Loxahatchee, FL. 33470 CITY-ST-ZIP	
TITLE V <input type="checkbox"/> Delete NAME DIAMOND, ERIC S STREET ADDRESS 15165 87TH RD. N. CITY-ST-ZIP LOXAHATCHEE, FL 33470				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 15165 87 Road North STREET ADDRESS Loxahatchee, FL. 33470 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Katherine B. Diamond</u> DATE: <u>4/20/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					