## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 29, 2004 08:00 AM Secretary of State **DOCUMENT # P01000078584** ADVANCED SPORTS TECHNOLOGIES, INC. Principal Place of Business Mailing Address 9700 VIA EMILIE 9700 VIA EMILIE BOCA RATON, FI 33428 BOCA RATON, FL 33428 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1139235 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent OLSCHANSKY, CURTIS DO NOT WRITE 9700 VIA EMILIE BOCA RATON, FL 33428 IN THIS SPACE 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 Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be U00000098043 Trust Fund Contribution. Added to Fees /23/04-90025-001 150 00 OFFICERS AND DIRECTORS 10. PTSD 3331 OLSCHANSKY, CURTIS STREET ADDRESS 9700 VIA EMILIE CITY-ST-ZIP BOCA RATON, FL 3342B TITLE NAME STREET ADDRESS CATY-ST-78 BILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of type and occurate 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 of size employered obsecute this report at required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all addressly hithelf ofter like empowered.

SIGNATURE:

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STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR CIRECTOR

1/9/04 561-477-1567

**FILED**