



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90330 002 ***150.00

DOCUMENT # P02000071285			
1. Entity Name ZOOM SPORTS, INC.			
Principal Place of Business 29340 DOWNY PL WESLEY CHAPEL FL 33544		Mailing Address 29340 DOWNY PL WESLEY CHAPEL FL 33544	
2. Principal Place of Business 6440 CHESHIRE COURT, Suite, Apt. #, etc.		3. Mailing Address 6440 CHESHIRE COURT Suite, Apt. #, etc.	
City & State WESLEY CHAPEL, FL 33544		City & State WESLEY CHAPEL, FL	
Zip 33544	Country U.S.A.	Zip 33544	Country U.A.S.
6. Name and Address of Current Registered Agent HASEGAWA, YUKO 29340 DOWNY PL WESLEY CHAPEL FL 33544		7. Name and Address of New Registered Agent Name: HASEGAWA, YUKO Street Address (P.O. Box Number is Not Acceptable): 6440 CHESHIRE COURT, City: WESLEY CHAPEL, FL Zip Code: 33544	
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:  YUKO HASEGAWA DATE: 4-9-04 <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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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	P HASEGAWA, TAKASHI 29340 DOWNY PL 6440 CHESHIRE COURT WESLEY CHAPEL FL 33544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14001649



MOORE CR2E034 (11/03)
54-2064740

4. FEI Number **54-0264740** Applied For
Not Applicable

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

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04 **813-994-5367**
Date Daytime Phone #