

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000102666

1. Entity Name
AGNOLIN TENNIS MANAGEMENT INC.

Principal Place of Business
 951 US HWY 1
 NORTH PALM BEACH, FL 33408

Mailing Address
 951 US HWY 1
 NORTH PALM BEACH, FL 33408

2. Principal Place of Business
 951 US HWY 1

3. Mailing Address
 951 US HWY 1

Suite, Apt. #, etc.

City & State
 NORTH PALM BEACH, FL

City & State
 N. PALM BEACH, FL

Zip
 33408

Country
 PALM BEACH

Zip
 33408

Country
 PALM BEACH

4. FEI Number
 14-1841906

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
AGNOLIN, MARCEL
 951 US HWY 1
 NORTH PALM BEACH, FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City
FL

Zip Code

7. Name and Address of New Registered Agent

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 _____ DATE _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP AGNOLIN, MARCEL 110 OLYMPUS CIRCLE JUPITER, FL 33477	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: MARCEL AGNOLIN 9/17/03 (561) 626-6515

10111566



CHECK HERE IF MAKING CHANGES

CR2003 (10/02)

Attachment

10111566
PO2000102666

Agnolin Tennis Management Inc.
951 US Highway 1
North Palm Beach, FL 33408
(561) 626-6515

Uniform Business Reports
Divisions of Corporations
P.O Box 1500
Tallahassee, FL 32302-150

September 17, 2003

To Whom it may concern:

Please accept my file and fee for the UBR. I did not receive the package since I got incorporated and did not know about this document since it's my first time as a corporation.

If you have any questions, you can reach me at the number above. Thank you for your time and sorry about the delay in getting this document to you.

Sincerely



Marcel Agnolin - President