2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2004 8:00 am Secretary of State DOCUMENT # P03000022858 1. Entity Name 05-03-2004 91062 013 ***150.00 FLORIDA'S MOTOR-SPORTS MAGAZINE, INC. Principal Place of Business Mailing Address **J4U04D00** 2430 VANDERBILT BEACH ROAD 2430 VANDERBILT BEACH ROAD NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. PEI Number 900069 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARUSSO, STEPHEN 2660 1ST. AVE N.E. NAPLES FL 34120 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 the obligations of registered agent. LAURIE VEREEN (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Addition NAME LARUSSO, STEPHEN NAME 2660 1ST AVE NE STREET ADDRESS STREET ADDRESS NAPLES FL 34120 CITY-ST-ZIP CITY-ST-ZIP VΡ ☐ Detete TITLE Change TITLE ☐ Addition VEREEN, LAURIE NAME NAME STREET ADDRESS 7731 JEWEL LANE # 101 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP ☐ Addition TITLE SEC Delete TITLE Change NAME VEREEN, LAURIE NAME STREET ADDRESS STREET ADDRESS 7731 JEWEL LANE # 101 CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP TREA Delete TITLE Change Addition VAINER, SIMON NAME NAME 2436 ORCHARD BAY DRIVE # 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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.

G OFFICER OR DIRECTOR

FILED