


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90024 031 ***150.00

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| DOCUMENT # P03000033448 |  |
| 1. Entity Name FLORIDA TEAM SPORTS, INC. | |

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| Principal Place of Business 4302 GUNN HIGHWAY, #107 TAMPA, FL 33624 | Mailing Address 4302 GUNN HIGHWAY, #107 TAMPA, FL 33624 |
|---|---|

54064120



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| 2. Principal Place of Business <i>4302 Gunn Highway</i> | 3. Mailing Address <i>4302 Gunn Highway</i> |
| Suite, Apt. #, etc. <i>#210</i> | Suite, Apt. #, etc. <i>#210</i> |
| City & State <i>TAMPA FL</i> | City & State <i>TAMPA FL</i> |
| Zip <i>33618</i> | Country <i>U.S.</i> |

07052004 Chg-P CR2E034 (10/03)

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| 4. FEI Number <i>47-0913946</i> | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BURNETT, JOSHUA E 401 EAST JACKSON STREET SUITE 2400 TAMPA, FL 33602 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KLEE, JAMES MARTIN 4302 GUNN HIGHWAY, #107 TAMPA, FL 33624 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4302 Gunn Highway #210</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer / VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Jenkins, Cynthia GALE</i> <i>4302 Gunn Highway #210</i> <i>TAMPA, FL 33618</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE: <i>James M. Klee</i> | 7/10/04 813-245-7574 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |