## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000044636

Address:

City-St-Zip:

FILED Jul 09, 2004 Secretary of State

Entity Name: CLASSIC SPORT EVENTS, INC.						
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
446 SW 34 PALM CITY	TH TERR ′, FL 32319	US				
Current Mailing Address:			New Maili	New Mailing Address:		
446 SW 34 PALM CITY	TH TERR ′, FL 32319	US				
FEI Number:	56-2347007	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
PATEY, ANDREW S 112 BITTREN CT DAYTONA BEACH, FL 32319 US			1420 NEW	PATEY, ANDREW S 1420 NEW BOLTON DR PORT ORANGE, FL 32129 US		
The above in the State		submits this statement for the p	ourpose of changing it	ts registered	office or registered agent, or both,	
SIGNATURE:				07/09/2004		
	Electron	ic Signature of Registered Age	ent		Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () VAN NORMAN, 446 SW 34TH T PALM CITY, FL	ERRACE	Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PATEY, ANDRE 112 BITTREN C		Title: Name: Address: City-St-Zip:	PATEY, AND 1420 NEW B		
Title: Name: Address: City-St-Zip:	TREA () MCDONALD, TH 91551 OVERSE TAVERNIER, FL	AS HIGHWAY	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	WYCHE, CHI 9748 HORTC		
Title: Name:	( )	Delete	Title: Name:	D STEPHENS,	()Change(X)Addition TIMOTHY	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

298 CRESTVIEW DR ELYRLIA, OH 44035 US

SIGNATURE: THOMAS R MC DONALD TREA 07/09/2004