

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000049080

1. Entity Name

INTERNATIONAL SPORTS MARKETING AND
MANAGEMENT, INC.



Principal Place of Business

2602 SW PT ST LUCIE BLVD
PT ST LUCIE FL 34953

Mailing Address

2602 SW PT ST LUCIE BLVD
PT ST LUCIE FL 34953

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

27-0095219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HU, YOUNG
2602 SW PT ST LUCIE BLVD
PT ST LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(Type or print name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when remitting.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: HU, YOUNG
STREET ADDRESS: 2602 SW PT. ST. LUCIE BLVD.
CITY- ST- ZIP: PORT SAINT LUCIE FL 34953

☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME: 000000200377
STREET ADDRESS: 01/28/05-80022-013 150.00
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
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CITY- ST- ZIP:

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STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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)(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

YOUNG HU

Date

Daytime Phone #