
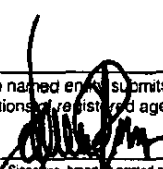
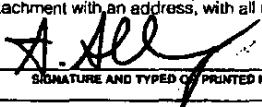


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90047 046 \*\*\*150.00

<b>DOCUMENT # P03000049091</b>					
1. Entity Name <b>TOPSHOTTERS PUBLISHING, INC.</b>					
Principal Place of Business <b>9130 S. DADELAND BLVD., #1800 MIAMI FL 33156</b>			Mailing Address <b>9130 S. DADELAND BLVD., #1800 MIAMI FL 33156</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1012947</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BERCUSON, DAVID 9130 S. DADELAND BLVD., #1800 MIAMI FL 33156</b>				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  Signature, typed, printed name of registered agent and title if applicable.				DATE <b>3-22-04</b> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	ALBURY, ANTHONY				
STREET ADDRESS	9130 S. DADELAND BLVD., #1800				
CITY-ST-ZIP	MIAMI FL 33156				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	RODGERS, TERRAN				
STREET ADDRESS	9130 S. DADELAND BLVD., #1800				
CITY-ST-ZIP	MIAMI FL 33156				
TITLE	D <input type="checkbox"/> Delete				
NAME	SANDS, HANDEL				
STREET ADDRESS	9130 S. DADELAND BLVD., #1800				
CITY-ST-ZIP	MIAMI FL 33156				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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				DATE <b>3-22-04</b> Daytime Phone #	