

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049613

Entity Name: ICON FITNESS INC.

FILED
May 17, 2004
Secretary of State

Current Principal Place of Business:

829 JONLEEN DR.
FT.WALTON, FL 32547

New Principal Place of Business:

312 21ST STREET
NICEVILLE, FL 32578

Current Mailing Address:

829 JONLEEN DR.
FT.WALTON, FL 32547

New Mailing Address:

312 21ST STREET
NICEVILLE, FL 32578

FEI Number: 02-0689625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALCOLM, WALKER M III
829 JONLEEN DR.
FT.WALTON, FL 32547 US

Name and Address of New Registered Agent:

MALCOLM, WALKER M III
312 21 ST STREET
NICEVILLE, FL 32578 US

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.

SIGNATURE: MALCOLM WALKER

05/17/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALCOLM, WALKER M III
Address: 829 JONLEEN DR.
City-St-Zip: FT. WALTON, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MALCOLM WALKER

CEO

05/17/2004

Electronic Signature of Signing Officer or Director

Date