2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

Aug 30, 2004 8:00 am Secretary of State DOCUMENT # P03000079366 08-30-2004 90006 048 ***150.00 DOUGLAS GORDON POTTER RACING STABLES, INC. Principal Place of Business Mailing Address 7220 HAYES ST HOLLYWOOD FL 33024 7220 HAYES ST HOLLYWOOD FL 33024 54070803 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) 4. FEI Number 200106 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POTTER, DOUGLAS G Street Address (P.O. Box Number is Not Acceptable) 7220 HAYES ST **HOLLYWOOD FL 33024** City 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 7-26-04 Signature, wood or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PVSD** TITLE ☐ Delete TITLE Addition ☐ Change POTTER, DOUGLAS G NAME NAME STREET ADDRESS 7220 HAYES ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP TITLE ☐ Defete ☐ Chance Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addiess, with all other like empowered.

FILED