## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

1109 NORTHERN WAY WINTER SPRINGS FL 32708

## DOCUMENT # P03000153366

1. Entity Name

Principal Place of Business

1109 NORTHERN WAY : WINTER SPRINGS FL 32708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

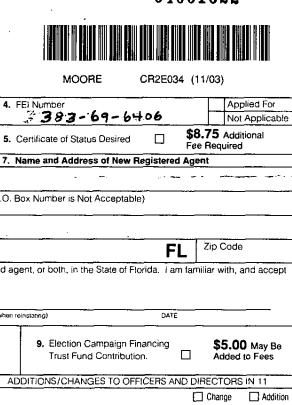
INTERNATIONAL SPORTS CONSULTANTS, INC.



## **FILED** Jul 12, 2004 8:00 am Secretary of State

07-12-2004 90025 029 \*\*\*550.00

27919016



				383-69-64-06	Not Applicable	
Zip	Country	Zip	Country		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
· · · · · · · · ·				y was yet		
ROBINSON, JOHN D						
201 E PINE ST			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1200				· · · · · · · · · · · · · · · · · · ·		
ORLANDO FL 32801				<u> </u>		
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00						
After May 1 2004 Fig. will be \$550.00 \$5.00 May Be						
	Payable to Florida Department of	State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND I	5. 可能 <b>以</b> 此時間	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	D OF TOLKS AND I	Delete Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change ☐ Addition	
NAME	NELSON, KIRK J	- Delete	NAME		☐ Gliange ☐ Addition	
STREET ADDRESS	1109 NORTHERN WAY		STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	TORRES, JUDITH	☐ beiere	NAME		C change C Addition	
STREET ADDRESS	5027 HEIDELBURY CT		STREET ADDRESS			
CITY-ST-ZIP	WINSTON SALEM NC 27106		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		pelete	NAME			
STREET ADDRESS			STREET ADDRESS	a manus. gamusa : a		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		<u> </u>	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	<u></u>		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME .	,		NAME			
STREET ADDRESS	,		STREET ADDRESS		• •	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling 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 copyrity and accurate and that my signature shall have the same legal offect as it made under only that I am an officer or director.						

insurated 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR