2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity N	UMENT # P03000154 ame TICKET, INC.			04 MAY -3 PM 5: 43						
Principal Place of Business Mailing Address 1331 N FIRST ST, STE 705 JACKSONVILLE, FL 32250 ACKSONVILLE, FL 32250 Mailing Address 1331 N FIRST ST, STE 705 JACKSONVILLE, FL 32250						TALLAHASSEE FLORIDA				
2. Principal Place of Business 1331 N. First St. Suite, Apt. #, etc. 3. Malling Address 1331 N. First S Suite, Apt. #, etc.										
Suite 705 Suite 705 City & State City & State					02052004 Chg-P CR2E034 (10/03) 4. FEI Number Applied Fo				<u> </u>	
Jacks	Jacksonville Beach, FL Jacksonvil					. FEI Number 20-0	578582		Not Applicable	
32250	USA 32250			ry 30	5. Certificate of Status Desired S8.75 Additional Fee Required					
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
CYRUS, ROBERT R 214-A N THIRD ST LEESBURG, FL 34748					Street Address (P.O. Box Number is Not Acceptable)					
	•			City	<u> </u>			FL Z	ip 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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND DI		11.	I.D.			IANGES TO OFFIC			
TITLE NAME STREET ADDRESS	· ·			ADDRESS 1	D/P/S/T ☑ Change ☐ Addition Gudal, W. Steele 1331 North First Street, Suite 705					
Cliy-ST-ZIP	JACKSONVILLE, FL 32250	☐ Delete	CITY-ST				Beach, FI			
NAME STREET ADDRESS CITY-ST-ZIP		□ Desete	NAME	ADDRESS					asige Audition	
TITLE NAME	At	☐ Delete	TITLE				· · · · · ·	☐ Ch	1	
STREET ADDRESS CITY-ST-ZIP			STREET A		I	500 05/14/04	03645 01030(18145 102 **65	50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-					Ch	ange	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-			•		☐ Cha	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-				·	□ Cha	nge Addition	
12. I hereby certify that the information supplied v withis 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 addirect, with all other like empowered. SIGNATURE: W. STEELE GUDAL 4/23/04 904/249–3185										