


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90236 043 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P35297</u>			
1. Entity Name <u>Tennis Fantasy, Ltd. Inc.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>4674 TREE FERN DR.</u> <u>16750 North East 35th Ave.</u> <u>DELRAY BEACH FLA</u>		3. Mailing Address <u>4674 TREE FERN DR.</u> <u>16750 North East 35th Ave.</u> <u>DELRAY BEACH FLA</u>	
City & State <u>North Miami Beach FL</u>		City & State <u>North Miami Beach FL</u>	
Country <u>U.S.A.</u>		Country <u>U.S.A.</u>	
4. FEI Number <u>23-229 1338</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE		Name <u>Steen Morton</u>	
DO NOT WRITE IN THIS SPACE		Street Address (P.O. Box Number is Not Acceptable) <u>4674 TREE FERN DR.</u>	
DO NOT WRITE IN THIS SPACE		City <u>DELRAY BEACH FL</u>	
DO NOT WRITE IN THIS SPACE		Zip Code <u>33445</u>	
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 <u>Steen Morton</u>			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE <u>PCO</u>		TITLE <u>PCO</u>	
NAME <u>Steen Morton</u>		NAME <u>Steen Morton</u>	
STREET ADDRESS <u>16750 North East 35th Avenue</u>		STREET ADDRESS <u>16750 North East 35th Avenue</u>	
CITY-ST-ZIP <u>North Miami Beach FL 33160</u>		CITY-ST-ZIP <u>North Miami Beach FL 33160</u>	
TITLE <u>PCO</u>		TITLE <u>PCO</u>	
NAME <u>Steen Marilyn</u>		NAME <u>Steen Marilyn</u>	
STREET ADDRESS <u>16750 North East 35th Avenue</u>		STREET ADDRESS <u>16750 North East 35th Avenue</u>	
CITY-ST-ZIP <u>North Miami Beach FL 33160</u>		CITY-ST-ZIP <u>North Miami Beach FL 33160</u>	
TITLE <u>STERN MORTON PRES.</u>		TITLE <u>STERN MORTON PRES.</u>	
NAME <u>4674 TREE FERN DR.</u>		NAME <u>4674 TREE FERN DR.</u>	
STREET ADDRESS <u>DELRAY BEACH FLA 33445</u>		STREET ADDRESS <u>DELRAY BEACH FLA 33445</u>	
CITY-ST-ZIP <u>DELRAY BEACH FLA 33445</u>		CITY-ST-ZIP <u>DELRAY BEACH FLA 33445</u>	
TITLE <u>STERN MARILYN VICE PRES</u>		TITLE <u>STERN MARILYN VICE PRES</u>	
NAME <u>4674 TREE FERN DR.</u>		NAME <u>4674 TREE FERN DR.</u>	
STREET ADDRESS <u>DELRAY BEACH FLA 33445</u>		STREET ADDRESS <u>DELRAY BEACH FLA 33445</u>	
CITY-ST-ZIP <u>DELRAY BEACH FLA 33445</u>		CITY-ST-ZIP <u>DELRAY BEACH FLA 33445</u>	
TITLE <u></u>		TITLE <u></u>	
NAME <u></u>		NAME <u></u>	
STREET ADDRESS <u></u>		STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>		CITY-ST-ZIP <u></u>	
TITLE <u></u>		TITLE <u></u>	
NAME <u></u>		NAME <u></u>	
STREET ADDRESS <u></u>		STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>		CITY-ST-ZIP <u></u>	
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 on an attachment with an address, with all power hereby empowered.			
SIGNATURE: <u>Steen Morton</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>STERN MORTON</u>			
DATE <u>4/27/04</u>			
Daytime Phone # <u>561 381 0500</u>			

CR2E0348 (12/02)