## 

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICE

## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 01, 2004 8:00 am Secretary of State 04-01-2004 90025 034 \*\*\*150 00 **DOCUMENT # P94000005534** 1. Entity Name JCD SPORTS MANAGEMENT, INC. Athazona Principal Place of Business Mailing Address 2200 HIGHLAND AVE. 2200 HIGHLAND AVE DELRAY BEACH, FL 33445 US DELRAY BEACH, FL 33445 US 2. Principal Place of Business 3. Mailing Address 1300 ta .of Commerce 300 Parkot Commerce Suite, Apt. #, etc Suite, Apt. #, etc 01082004 Chg-P CR2E034 (10/03) wite ovite & State 4. FEI Number Applied For City & State 65-0464597 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUBIN, BRAHM Street Address (P.O. Box Number is Not Acceptable) 1300 PARK OF COMMERCE SHITE 272 DELRAY BEACH, FL 33445 Zip Code City 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. )<u>DIV</u> mana **SIGNATURE** typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change **PDS** ☐ Delete ☐ Addition TITLE TITLE DUBIN, BRAHM NAME NAME 1300 Park of Commerce, Suite 272 -2200 HIGHLAND AVE STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33445 CITY-ST-ZIP CITY-ST-ZIF ■ Addition ☐ Delete TITLE TITLE DUBIN, JEANNE NAME NAME 1300 Park of Commerce, Soite 272 STREET ADDRESS 2200 HIGHLAND AVE-STREET ADDRESS DELRAY BEACH, FL 33445 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE 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 address, with all other like empowered.

**FILED** 

(561)2165-1)255