2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048833

Entity Name: AMERICAN KARATE STUDIOS, INC.

FILED Jan 11, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4500 SHANNON LAKES WEST, #7&8 4500 SHANNON LAKES DRIVE WEST TALLAHASSEE, FL 32308

SUITE #7 & 8

TALLAHASSEE, FL 32309

Current Mailing Address: New Mailing Address:

4500 SHANNON LAKES DRIVE WEST 4500 SHANNON LAKES WEST, #7&8 TALLAHASSEE, FL 32308

SUITE 7 & 8

TALLAHASSEE, FL 32309

FEI Number: 59-3251810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

JACK MORRIS JACK MORRIS

4500 SHANNON LAKES BLVD. SUITE 748 4500 SHANNON LAKES BLVD. SUITE 7&8

TALLAHSSEE, FL 32308 TALLAHSSEE, FL 32309

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.

SIGNATURE: JACK MORRIS 01/11/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete MORRIS, JACK L MORRIS, JACK L Name: 1113 PINECREST DR 2910 FAIRCHILD COURT Address:

TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32309

Title: Title: (X) Change () Addition () Delete Name: MORRIS, LINDA S Name: MORRIS, LINDA S 1113 PINECREST DR 2910 FAIRCHILD COURT Address: Address: TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32309 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK L. MORRIS D/P 01/11/2004