


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90003 047 ***150.00

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| DOCUMENT # P95000093928 | |  |
| 1. Entity Name KC SPORTS MANAGEMENT, INC. | | |

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| Principal Place of Business 2222 SECOND ST FT MYERS FL 33901 | Mailing Address 2222 SECOND ST FT MYERS FL 33901 |
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|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business 7800 University Pointe Dr. | | 3. Mailing Address 7800 University Pointe Dr. | |
| Suite, Apt. #, etc. Suite 200 | | Suite, Apt. #, etc. Suite 200 | |
| City & State Fort Myers, FL | | City & State Fort Myers, FL | |
| Zip 33907 | Country USA | Zip 33907 | Country USA |




MOORE CR2E034 (11/03)

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| 4. FEI Number 65-0630318 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent JURSINSKI, KEVIN F 2222 SECOND ST FT MYERS FL 33901 | | 7. Name and Address of New Registered Agent Name Kevin F. Jursinski Street Address (P.O. Box Number is Not Acceptable) 7800 University Pointe Drive Suite 200 City Fort Myers, FL Zip Code 33907 | |
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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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP JURSINSKI, KEVIN F 2222 SECOND ST FT MYERS FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7800 University Pointe Dr, #200 Fort Myers, FL 33907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST JURSINSKI, DARLENE K 2222 SECOND ST FT MYERS FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7800 University Pointe Dr, #200 Fort Myers, FL 33907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:  **2/6/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #