2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT								FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS					
DOCUMENT # P9700000391								,	SECR	ETAR	Y OF S	TATE	
1. Entity Name								Ŋ	IVISION	OF C	ORPOR	ATION	S
THE SPORTS SOURCE INC.													•
							Tag'		04 NO	V 24	AM 8	00	
Principal Place	e of Busines	3	 Ma	ailing Address		<u> </u>		•					
3680 SW RIV	ERS END W	AY		680 SW RIVERS END	WAY		l						
PALM CITY, F	L 34990		P	ALM CITY, FL 34990		•					r		
								 					
Principal Place of Business 3. Mailing Address													
5114 Rolling FAIRWAY OR 5114 ROlling FAIR Suite, Apt. #, etc.							DR				=	1	40
Suite, Apr	#, etc.			Suite, Apt. #, etc.			İ	11102004	Chg-P		CR2E034	(10/03//	(KD
VALRICO FL				City & State VALRICO FL				4. FEI Number				Ap	plied For
VHL	VALRICO FL			VALRICO I				65-0729				t Applicable	
3359	14	Country USA	3	3594		ŠA		5. Certificate o	f Status Des	ired		3.75 Add e Require	
	6. Name	and Address of Currer			7. Name and A	_		_ 	ent				
CLOSKEY, SAMUEL J.													
3680 S.W. RIVERS END Street Address								S Box Number	is Not Acce	Naple)	114	DK	_
3680 S.W. RIVERS END PALM CITY, FL 34990 Street Address (P.O. Box Number is Not Acceptable WAY OR													
						City						7i=/2=d	~ ~
							<u> </u>	<u> </u>			FL	<i>3</i> 3	544
	named entiti ions of regis	y submits this statement tered agent	for the p	ourpose of changing its	register	ed office or	register	ed agent, or both	, in the State	of Floric	la. I am far	miliar with,	and accept
				3/6/					41/	1/1	ZZ, :	200	4
SIGNATURE_	Signatura sypec	or printed harne of registered age	nt and title i	il applicable (No	E. Regisjere	d Agent signatu	re required	when reinstating)		<u>U</u>	DATE	200	7_
									_			•	
Am	ended Al	R is \$61.25		Election Campa Trust Fund Cont		rcing (00 May Be ed to Fees				,	
	-												
TITLE	Т	OFFICERS AN	D DIREC	Delete	11. TITL			ADDITIONS/C	HANGES TO	OFFICE		Change	Addition
NAME	l '	HARRIET M		L. Delete	NAM					_	•		Addition
STREET ADDRESS		. RIVERS END WAY			ET ADDRESS		4 ROLLI				OR	}	
CITY-ST-ZIP	PALM CIT	TY, FL 34990				-ST-ZIP	VA	LRICO	FL	<u>333</u>		7	
TITLE NAME	! '	Y, SAMUEL J		☐ Delete	TITLE	l l					•	Change	Addition
STREET ADDRESS 3680 S.W. RIVER END WAY						EET ADDRESS		4 ROLL					
CITY-ST-ZIP	PALM CI	TY, FL 34990		· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP	VA	LRICO	FL	<i>3</i> 3.			
TITLE .				☐ Delete	TITLI						[_ Change	☐ Addition
STREET ADDRESS	ĺ					ET ADDRESS							
CITY-ST-ZIP					CITY	- ST- ZIP		•					
TITLE			-	Delete -		E ======	- د	د د د د دوها ده. ماریستن	and the same of the	نية الدائد وسعاو إنسان		Change -	- Addition
NAME STREET ADDRESS					NAM STRE	EET ADDRESS		11 /0A) 004 /0401		004 004	ロビ **61.	9E
CITY-ST-ZIP	ļ					-ST-ZIP		, 11/24	/ UT " U.	LUTU	DOT	anad 1.7.	L-1-1
TITLE				. Delete	TITL	E						Change	Addition
NAME	ļ				NAM	}					-		
STREET ADDRESS CITY-ST-ZIP		•				EET ADDRESS '- ST-ZIP							
TITLE	<u> </u>			☐ Delete	TITL	E						Change	Addition
NAME				1	NAM								_
STREET ADDRESS CITY-ST-ZIP	1					EET ADDRESS '-ST-ZIP							
Ļ	Certify that th	e information supplied w	ith this fi	iliro does not qualify fo			et in Se	ction 119.07(3Vi)	, Florida Sta	tutes. I fi	irther certifi	that the i	nformation
indicated of the col	on this report	ort or supplemental repor he receiver or trustee en	t is true a	and accurate and that to execute this report	my signa	ture shall h	ave the pter 607	same legal effect , Florida Statutes	as if made u	inder oat y name a	h; that I am oppears in I	an officer Block 10 o	or director Block 11 if
12. I hereby certify that the information supplied with this filling 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 fine and accurate and that my signature that 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 employeered 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: NO. TYPET OR PRINTED NAME OF SIGNAGO DEFICED OR DISPETTOR DATE OF SIGNAGO DEFICED OR D											5155		
	-	SIGNATURE AND TYPED O	R PRINTEC	NAME OF SIGNING OFFICER	OR DIREC	LDR	_ _		Date		Day	ime Phone #	