


**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90020 050 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P98000028032</b> 1. Entity Name <b>BARSTOOL STATION, INC.</b>			
Principal Place of Business 2321 N. FEDERAL HWY <b>SOLD</b> UNIT 6 STUART, FL 34994		Mailing Address 2321 N. FEDERAL HWY UNIT 6 STUART, FL 34994 <b>2073 S.E. Mantua St</b> <b>Port St Lucie FL 34952</b>	
2. Principal Place of Business <b>2073 SE Mantua St</b> Suite, Apt #, etc.		3. Mailing Address <b>2073 SE Mantua St</b> Suite, Apt #, etc.	
City & State <b>Port St Lucie FL</b>		City & State <b>Port St Lucie FL</b>	
Zip <b>34952</b>		Zip <b>34952</b>	
Country <b>St Lucie</b>		Country <b>St Lucie</b>	
6. Name and Address of Current Registered Agent <b>DEVIVO, DOMINICK</b> <b>2321 N. FEDERAL HWY</b> <b>UNIT 6</b> <b>STUART, FL 34994</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (INDICATE Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DEVIVO, DOMINICK</b> <b>2321 N. FEDERAL HWY</b> <b>STUART, FL 34994</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Devivo, Dominick</b> <b>2073 SE Mantua St</b> <b>Port St Lucie, FL 34952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>DEVIVO, PASQUALE</b> <b>2073 SE MANTUA ST,</b> <b>PORT ST LUCIE, FL 34952</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <i>Pasquale Devivo</i>		Date: <b>5-13-04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR		Designation: <b>V.P.</b>	

24076380

Division of Corporations  
P O Box 1500  
Tallahassee, Fl 32302-1500

May 13, 2004

Re: Barstool <sup>Station</sup> ~~Seven~~, Inc Document # P98000028032

Dear Sir/Madam:

Please abate this penatly as I did not receive notice. I have sold the business and my new address is reflected on the attached form.

Thank you for your consideration.

Sincerely,



Pat Devivo  
Vice President