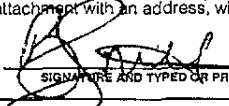


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000094413</b>		
1. Entity Name SPORTSTIME PRODUCTIONS, INC.		
Principal Place of Business 315 PLANT AVE. TAMPA, FL 33606 US	Mailing Address 315 PLANT AVE. TAMPA, FL 33606 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  STILES, MARY ANN 315 PLANT AVE. TAMPA, FL 33606		01292004 No Chg-P CR2E034 (10/03)  4. FEI Number 59-3563493 <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>DATE</small></span>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SMITH, BARRY 315 PLANT AVE. TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/13/04 <small>Date</small> <span style="float: right;"><small>Daytime Phone #</small></span>