2004 FOR PROFIT CORPORATION

FILED Apr 09, 2004 8:00 am

ANNUAL REPORT				Secretary of State		
DOCUMENT # P99000011756 1. Entity Name PROFESSIONAL SPORTS, INC.				04-09-2004 90069 022 ***150.00		
		<u> </u>				
Principal Place of Business 100 W KENNEDY BLVD STE 500 TAMPA, FL 33602 US		KENNEDY BLVD PO BOX 1840		24039379		
	3602 US	TAWIFA, FE 33001 C	13]		
2. Principal Place of Business 6941 HOULTON CIRCLE		3. Mailing Address 6941 HOULTON CIRCLE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032004 Chg-P CR2E034 (10/03)		
LAKE WORTH, FL		LAKE WARTH, FL		4. FEI Number Applied For 59-3571979 Not Applicable		
3346	7 USA	33467	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
MALFITANO, MICHAEL D 100 W KENNEDY BLVD			Street Ad	TERRENCE W. BRAUN ddress (P.O. Box Number is Not Acceptable)		
STE 500 TAMPA, FL 33602			6	6941 HOULTON CIRCLE		
City				LAKE WORTH FL 33467		
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 Jerrence William Sraum 4/6/04: Signature, typed or printed name of registered agent and litle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
9 Flection Compaign Financing: \$5.00 up.n.						
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND	· /	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	PRESIDENT AND CEC BRAUN, TERRENCE W	☐ Delete	TITLE NAME	BRAUN, TERRENCE W. 6941 HOULTON CIACLE		
	1392 AUDUBON BLVD. DELRAY BEACH, FL 33444)	STREET ADDRESS CITY-ST-ZIP	LATIE WORTH, FL 33467		
TITLE NAME	CEO MALFITANO, MICHAEL D	Delete	TITLE NAME	Change ☐ Addition		
STREET ADDRESS CITY - ST - ZIP	100 W KENNEDY BLVD STE 500 TAMPA, FL 33602		STRÉET ADDRESS CITY-ST-ZIP	NONE		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP	•		NAME Street address City-St-Zip			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP TITLE	-	☐ Delete	TITLE	Change Addition		
NAME		e b	, NAME			

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.

TERRENCE W. BRAUN, PRESIDENT

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1. Braun Perrence SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

104 Date Daytime Phone #