

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042014

Entity Name: FITNESS SELECT, INC.

FILED
Mar 29, 2004
Secretary of State

Current Principal Place of Business:

4503 BAY TO BAY BLVD
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4503 BAY TO BAY BLVD
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3578507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE
SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637 US

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.

SIGNATURE:

03/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SLIMAN, DOUGLAS P
Address: 4503 BAY TO BAY BLVD
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: SLIMAN, TERI L
Address: 4503 BAY TO BAY BLVD
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS SLIMAN

CFO

03/29/2004

Electronic Signature of Signing Officer or Director

Date