
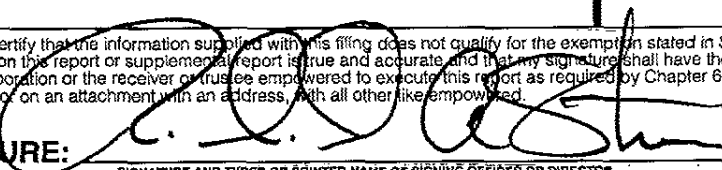


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # S02984 1. Entity Name SPLIT SECOND TIMING, INC.		
Principal Place of Business 2211 CHARLESTON FT. LAUDERDALE, FL 33326		Mailing Address 2211 CHARLESTON FT. LAUDERDALE, FL 33326
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent STERN, RICHARD 2211 CHARLESTON FT. LAUDERDALE, FL 33326		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STERN, RICHARD 2211 CHARLESTON FT. LAUDERDALE, FL	
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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>		3/25/04 954- 444-9046 <small>Date Daytime Phone #</small>



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0224054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1100000098287
03/29/04-80034-020 150.00

**DO NOT WRITE
IN THIS SPACE**