

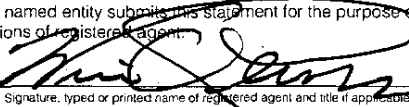
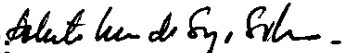


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90018 020 \*\*\*150.00

<b>DOCUMENT # V28389</b> 1. Entity Name <b>SPORTS ACTION ENTERPRISES, INC.</b>					
Principal Place of Business <b>9350 SOUTH DIXIE HWY SUITE 1550 MIAMI, FL 33156 US</b>			Mailing Address <b>9350 SOUTH DIXIE HWY SUITE 1550 MIAMI, FL 33156 US</b>		
2. Principal Place of Business <b>1390 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite 280</b>		3. Mailing Address <b>1390 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite 280</b>			
City & State <b>Miami Florida</b>		City & State <b>Miami Florida</b>		4. FEI Number <b>65-0327409</b>	
Zip <b>33131</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEWIS, WILLIAM C., JR., P.A. 9350 SOUTH DIXIE HWY SUITE 1550 MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name <b>Lewis, William C. Jr., PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1390 Brickell Avenue</b> Suite <b>Suite 280</b> City <b>Miami</b> <b>FL</b> Zip <b>33131</b>	
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:  <b>William C. Lewis Jr.</b> <b>3/3/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<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 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>DPTS</b> <input type="checkbox"/> Delete NAME <b>SILVA, ROBERTO L</b> STREET ADDRESS <b>200 KNOLLWOOD DR.</b> CITY-ST-ZIP <b>KEY BISCAIYNE, FL 33149</b>			TITLE <b>DPTS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Silva, Roberto L</b> STREET ADDRESS <b>13633 Deering Bay Drive, Unit 236</b> CITY-ST-ZIP <b>Coral Gables, FL 33178</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(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:  <b>ROBERTO L. SILVA - DPTS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3.8.04</b> <b>(205)251-2844</b> <small>Date Daytime Phone #</small>		