2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# V43320

Entity Name: CLUBSYSTEMS HOLDINGS, INC.

Current Principal Place of Business:

101 GREENWOOD AVE.
STE 420
JENKINTOWN, PA 19046 US

New Principal Place of Business:

Current Mailing Address:

101 GREENWOOD AVE.
STE 420
JENKINTOWN, PA 19046 US

New Mailing Address:

FEI Number: 65-0339269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DCEO	( ) Delete
Name:	SWINK, MICHAEL G	
Address:	101 GREENWOOD AVENUE, SUITE 420	
City-St-Zip:	JENKINTOWN, PA 19046	
Title:	D	( ) Delete
Name:	VINES, RICHARD	
Address:	GEOCAPITAL PARTNERS, 2 EXECUTIVE DR.	
City-St-Zip:	FORT LEE, NJ 07024	
Title:	S	( ) Delete
Name:	LYLE, SUSAN	
Address:	101 GREENWOOD AVENUE, SUITE 420	
City-St-Zip:	JENKINTOWN, PA 19046	
Title:	CD	( ) Delete
Name:	LEPARD, LAWRENCE W.	
Address:	GEOCAPITAL PARTNERS, 2 EXECUTIVE DR.	
City-St-Zip:	FORT LEE, NJ 07024	
Title:	D	( ) Delete
Name:	RAMOS, JR., WALTHER	
Address:	200 W. MONTGOMERY AVENUE	
City-St-Zip:	ARDMORE, PA 19003	
Title:	D	( ) Delete
Name:	FLYNN, II, STEPHEN E	
Address:	200 W. MONTGOMERY AVE.	
City-St-Zip:	ARDMORE, PA 19003	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SUSAN LYLE S 04/27/2004

Electronic Signature of Signing Officer or Director Date