
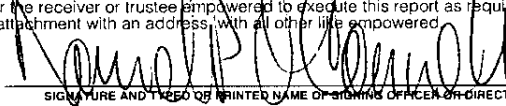
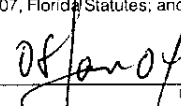


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90014 001 \*\*\*150.00

DOCUMENT # F00000005901			
1. Entity Name THE JOCKEY CLUB RACING SERVICES, INC.			
Principal Place of Business 821 CORPORATE DRIVE LEXINGTON, KY 40503		Mailing Address 40 EAST 52ND STREET NEW YORK, NY 10022	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
-Zip	Country	Zip	Country
01082004		Chg-P CR2E034 (10/03)	
4. FEI Number 13-3561964		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		**\$8.75* Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<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</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ECHMANN, JOHN <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHMANN, JOHN	NAME	
STREET ADDRESS	821 CORPORATE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON, KY 40503	CITY-ST-ZIP	
TITLE	V O'CONNELL, DANIEL P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, DANIEL P	NAME	
STREET ADDRESS	40 EAST 52ND STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY	CITY-ST-ZIP	
TITLE	S LIAO, JAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIAO, JAMES	NAME	
STREET ADDRESS	40 EAST 52ND STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	
TITLE	T LIAO, JAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIAO, JAMES	NAME	
STREET ADDRESS	40 EAST 52ND STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	
TITLE	CD MARZELLI, ALAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZELLI, ALAN	NAME	
STREET ADDRESS	40 E. 52ND. ST.	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	
TITLE	D PHIPPS, OGDEN MILLS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, OGDEN MILLS	NAME	
STREET ADDRESS	40 EAST 52ND STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022	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 life empowered.			
SIGNATURE: 		Date:  2/13/2004	
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	