


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90004 031 \*\*\*158.75

<b>DOCUMENT # F94000000978</b>					
1. Entity Name RPS MANAGEMENT COMPANY, INC.					
Principal Place of Business 818 W. BROOKS AVE. NORTH LAS VEGAS, NV 89030			Mailing Address 818 W. BROOKS AVE. NORTH LAS VEGAS, NV 89030		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01062004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 33-0601404	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREEN, DOTSON 3700 LOWRY COURT TAMPA, FL 33610				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 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	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, ALLAN S		NAME		
STREET ADDRESS	818 W. BROOKS AVE.		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, JOSHUA D		NAME	Bird, Joshua D	
STREET ADDRESS	818 W. BROOKS AVE.		STREET ADDRESS	818 W. Brooks Ave	
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030		CITY-ST-ZIP	North Las Vegas, Nevada 89030	
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERNER, DAVID M		NAME		
STREET ADDRESS	818 WEST BROOK AVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, E. CLARK		NAME	White, E. Clark	
STREET ADDRESS	818 WEST BROOKS AVENUE		STREET ADDRESS	818 W. Brooks Ave.	
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030		CITY-ST-ZIP	Las Vegas, Nevada 89030	
TITLE		<input type="checkbox"/> Delete	TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Patricia M. Green	
STREET ADDRESS			STREET ADDRESS	818 W. Brooks Ave.	
CITY-ST-ZIP			CITY-ST-ZIP	North Las Vegas, Nevada 89030	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: <u>Patricia M. Green</u>		Date: <u>1/14/04</u>		Daytime Phone #: <u>(702) 315-5196</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Patricia M. Green, Secretary					