

Amended



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **113435** 2. Name of Corporation **Tickets Limited**
3. Street Address Principal Business Office **1540 BULGARMARSH ROAD** City **TIVERTON** State **R.I.** Zip **02878**
4. Business Phone No. **401/624-4091** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JAMES W. CRUMP **Vice President Name** JAMES W. CRUMP
Street Address 455 Hendron Place **Street Address** 455 Hendron Place
City Alpharetta GA **30005** **City** Alpharetta GA **30005**
Secretary Name JAMES W. CRUMP **Treasurer Name** JAMES W. CRUMP
Street Address SAME AS ABOVE **Street Address** SAME AS ABOVE
City State Zip **City** State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name JAMES W. CRUMP **Director Name**
Street Address 455 Hendron Place **Street Address**
City Alpharetta GA **30005** **City** State Zip
Director Name **Director Name**
Street Address **Street Address**
City State Zip **City** State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		100	NPV	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 3 4 3 5 *

File Date: 3/18/04
Check No.: amended
By: ICD

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: [Signature] Date: 3/11/04
Print or Type Name of Officer: JAMES W. CRUMP
PRESIDENT