2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

200 Country S. A. 32803-1420 U.S.A. 32803-1420 U.S.A. 5. Certificate of Status Desired \$6.75 Additional processors \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name and Name 7. Name 7. Name and Name 7.		11,110		E33 NEPUN	1 10	DN					
Promopal Pace of Business ORANDO R. 2000-1420 2. Principal Pace of Business OOT East Princeton St. 3. Mailing Address 1001 East Princeton St. 1002 East Princeton St. 1003 East Princeton St. 1003 East Princeton St. 1003 East Princeton St. 1003 East Princeton St. 1004 East Princeton St. 1005 East Princeton St. 1006 Entrant Princeton St. 1006 Entrant Princeton St. 1007 East Princeton St. 1008 East Princeton St. 1009 East Princeton St. 1000 East Princeton St. 1001 East Princeton St. 1001 East Princeton St. 1001 East Princeton St. 1002 East Princeton St. 1002 East Princeton St. 1002 East Princeton St. 1002 East Princeton St. 1003 East Princeton St. 1003 East Princeton St. 1004 East Princeton St. 1006 East Princeton St. 1006 East Princeton St. 1006 East Princeton St. 1007 East Princeton St. 1007 East Princet	 Entity Na 	ame			<i>r</i> ~						
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Social State Section	1001 Ea	st Prin		1001 East Pr	incet	on St.					
SIGNATURE Summer and Address of Current Registered Agent S. Certificate of Status Desired Serie Registered Agent	rlando	, FL	. 11					4. FEI Number 59-1056385 - Applied For Not Applicable			
UCF CIVIC THEATRE 4000 CENTRAL FLORIDA BLVD. ORLANDO FL 32816-2372 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ponda. I am familiar with, and accept the colligations of registered agent. SIGNATURE Signature Signature Signature required agent and statement for the purpose of changing its registered office or registered agent, or both, in the State of Ponda. I am familiar with, and accept the colligations of registered agent. SIGNATURE Signature Signature required whomever agent and statement of state proachs. NOTE Registered Agent agents required whomever required office or registered defined agent, or both, in the State of Ponda. I am familiar with, and accept the college of Ponda Defined or Ponda State of Ponda Defined Pond	Zip 32803-		U.S.A.	32803-1420		-			Fee Require		
UCF CMC THEATRE 4000 CENTRAL FLORIBLA BLVD: ORLANDO FL 32816-2372 6. 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Combution. 9. Election Campaign Financing Trust Fund Combution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. IME BCD CHRISTIANSEN, PATRICK STREET ADDRESS 55. SO RANGE AVE., 17TH FLOOR CHRISTIANSEN, PATRICK STREET ADDRESS 1071-51-29 NUCHOLSON, SONIA NAME NUCHOLSON, SONIA NUCHOLSON, SONIA NUCHOLSON, SONIA NUCHOLSON, SONIA NUCHOLSON, SONIA NUCHOLSON, SONIA STREET ADDRESS 1001-11-11-11-11-11-11-11-11-11-11-11-11		O. Italii	e and Address of Current	t negistered Agent			and the second s		red Agent		
Signature Trees of periods agent. Signature Trees of periods agent and agent				-		Name -U	CF Ciwic Thea	tre -			
ORLANDO FL 32816-2372 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Type Typ				•							
City Orlando FL Zip Code 32816-2372. 6. 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 Giprature, typeol or present name of implaced agent and the 4 applicable. (NOTE Registered Agent sepatate requisition) DATE			,								
8. The above named critity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. SIGNATURE SIGNA	ORLANE	DO FL 3281	6-2372			1.0	100 Control E	المالة المالية			
B. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida Payable to Florida Department of State III. DOT			1			l City			7: 0		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synatum, typed or printed name of legislated						City O1	rlando		FL 32816	e 5_22 7 2	
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The boy 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 suppliemental 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 dustee empowered to execute this report as required by Chapter 617, 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:

1-15-03