

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 726722

FILED
Mar 18, 2003
Secretary of State

Entity Name: DISC VILLAGE, INC.

Current Principal Place of Business:

3333 WEST PENSACOLA STREET
TALLAHASSEE, FL 323042800

New Principal Place of Business:

Current Mailing Address:

3333 WEST PENSACOLA STREET
TALLAHASSEE, FL 323042800

New Mailing Address:

FEI Number: 59-1491338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLK, THOMAS K.
2683 S HANNON HILLS DRIVE
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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALOI, JOSEPH J
Address: 524 APPELYARD DR
City-St-Zip: TALLAHASSEE, FL 32304

Title: VSD () Delete
Name: CZAJKOSKI, EUGENE, PH., .D.
Address: 2340 KILKENNEY E
City-St-Zip: TALLAHASSEE, FL

Title: TD () Delete
Name: LIANG, JEFF
Address: P.O. BOX 12121 N/A
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: PATTERSON, TODD
Address: 2700 CLINE STREET
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: BUTLER, EDWARD J
Address: PO BOX 903
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: OIK, THOMAS, K.,
Address: 3333 W. PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL

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: D (X) Change () Addition
Name: ROBERTS, GARY
Address: 501 E TENNESSEE ST.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Change () Addition
Name: OIK, THOMAS, K.,
Address: 3333 W. PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS K OLK

D

03/18/2003

Electronic Signature of Signing Officer or Director

_____ Date