

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 28 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/06/04--01068--010 **\$1.25



04162004 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000003460 1. Entity Name SOUTH CAMPUS OWNERS ASSOCIATION, INC.		
Principal Place of Business 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819		Mailing Address 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819
2. Principal Place of Business 9751 Universal Blvd.	3. Mailing Address 9751 Universal Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 59-3651430
Zip 32819	Country	Applied For <input type="checkbox"/> Not Applicable
Zip 32819	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent UNIVERSAL CITY PROPERTY MANAGEMENT CO. III 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name B&C Corporate Services of Central Florida Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Ave., Suite 1100 City Orlando FL Zip Code 32801
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: <u><i>Marc Watson</i></u> Vice President DATE: <u>4/16/04</u>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIACALONE, PETER C <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPROULS, JOHN R <input checked="" type="checkbox"/> Delete	DV Watson, Marc <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9751 Universal Blvd. Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP FRANCK, MARILYN <input checked="" type="checkbox"/> Delete	DV Thomas, Stanley E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9751 Universal Blvd. Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CORCORAN, MICHAEL <input checked="" type="checkbox"/> Delete	DS Case, Kevin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9751 Universal Blvd. Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	DT Toohay, Garrit <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9751 Universal Blvd. Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u><i>Marc Watson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Marc Watson, President		Date: <u>4/20/2004</u> Daytime Phone #: <u>407-832-9928</u>