

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90014 016 ****61.25

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

DOCUMENT # N44309
 1. Entity Name
 HOLLYWOOD WILDCAT SOCCER CLUB, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Post Office Box 814738
 Suite, Apt. #, etc.

3. Mailing Address
 Post Office Box 814738
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Hollywood, Florida
 Zip Country
 33081 USA

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 Hollywood, Florida
 Zip Country
 33081 USA

4. FEI Number
 65-0271670

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 J. Kenneth Tate

Street Address; (P.O. Box Number is Not Acceptable)
 1175 NE 125th Street, Suite 102

City
 North Miami FL Zip Code
 33161

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR


9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Larry Zolot 3521 North 33rd Terrace Hollywood, FL 33021 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD J. Kenneth Tate 45000 North Hills Drive Hollywood, FL 33021 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Marge Perry 5521 SW 44th Terrace Fort Lauderdale, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  2/14/02 (305) 891-1107 Ext. 201
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #