2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50776

FILED Apr 14, 2005 Secretary of State

Entity Name: THE CENTRAL FLORIDA SPORTS COMMISSION, INC. **Current Principal Place of Business: New Principal Place of Business:** 126 E LUCERNE CIRCLE ORLANDO, FL 32801 **Current Mailing Address: New Mailing Address:** 126 E LUCERNE CIRCLE ORLANDO, FL 23801 FEI Number: 59-3152788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RANDY JOHNSON RANDY JOHNSON 420 SYCAMORE ST 912 CROTON RD. CELEBRATION, FL 34747 CELEBRATION, FL 34747 US US 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: 04/14/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOHNSON, RANDY Name: Name: 912 CROTON RD. Address: Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: Title: () Delete Title: (X) Change () Addition BUONCERVELLO, SONNY Name: Name: SHAMROCK, KEITH Address: 741 FRONT STREET Address: 2100 LAKE EUSTIS DRIVE City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: TAVARES, FL 32778 Title: CD () Delete Title: () Change () Addition AGUEL, GEORGE Name: Name: 200 CELEBRATION PLACE 6TH FLOOR Address: Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: Title: TSD () Delete Title: () Change () Addition BEUCHER, BOB Name: Name: Address: 10400-CR 48 Address: City-St-Zip: HOWEY IN THE HILLS, FL 34737 City-St-Zip: Title: () Delete Title: ED (X) Change () Addition SABOOR, JOHN SABOOR, JOHN Name: Name: 1510 LAKE DANIEL DRIVE 1202 W. HARVARD ST. Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804

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: JOHN SABOOR ED 04/14/2005