

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90313 028 ***150.00

0029574 AN

DOCUMENT # P02000021009

1. Entity Name
TRIVIA TEAM CHALLENGE, INC.



Principal Place of Business
1425 CADDELL DR.
JACKSONVILLE FL 32217

Mailing Address
1425 CADDELL DR.
JACKSONVILLE FL 32217

2. Principal Place of Business
8810-C Goodby's Ex. Dr.
Suite, Apt. #, etc.

3. Mailing Address
8810-C Goodby's Ex. Dr.
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State: Jacksonville, FL

4. FEI Number: 03-0396790

Applied For: Not Applicable

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

Zip: 32217, Country: Duval

6. Name and Address of Current Registered Agent
HILL, DEBRA S
1425 CADDELL DR.
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 8810-C Goodby's Exec. Dr.
City: Jacksonville, FL, Zip Code: 32217

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: Debra Hill

(NOTE: Registered Agent signature required when reinstating)

DATE: 4-25-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWDEN, MARK	NAME	
STREET ADDRESS	1425 CADDELL DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 607, 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (10/02)