

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005
Secretary of State

DOCUMENT# P17954

Entity Name: ATP TOUR, INC.

Current Principal Place of Business:

201 ATP TOUR BLVD
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

201 ATP TOUR BLVD
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 95-2833251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202 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: CEO () Delete
Name: MILES, MARK
Address: 8004 ACORN RIDGE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: GALLOWAY, PHILIP B
Address: 704 SHIPWATCH DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: YOUNG, MARK V
Address: 937 SHIPWATCH DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: COO (X) Delete
Name: SCOTT, LAWRENCE G
Address: 201 ATP TOUR BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: PASARELL, CHARLIE
Address: 78-200 MILES AVE
City-St-Zip: INDIAN WELLS, CA 92210

Title: D () Delete
Name: PEARCE, GRAHAM
Address: 75 STANLEY STREET
City-St-Zip: AUCKLAND, NEW ZEALAND,

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK V. YOUNG

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02/23/2005

Electronic Signature of Signing Officer or Director

_____ Date