

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V45572 (7)**  
 1. Corporation Name  
**UNIVERSITY PERFORMING ARTS CENTRE, INC.**



Principal Place of Business <b>75 ALAFAYA WOODS BLVD. OVIEDO FL 32765 US</b>	Mailing Address <b>75 ALAFAYA WOODS BLVD. OVIEDO FL 32765 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>160 Alexandria Blvd.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>160 Alexandria Blvd.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/22/1992</b>	
22 City & State <b>Oviedo, FL</b>		27 City & State <b>Oviedo, FL</b>		4. FEI Number <b>59-3153768</b> Applied For Not Applicable	
23 Zip <b>32765</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>32765</b>		29 <b>32765</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
28 <b>USA</b>		30 <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HUMPHRIES, J. GREGORY 201 EAST PINE STREET SUITE 701 ORLANDO FL 32801</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		<b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PTS</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>FREED-SIEGFRIED, JUDI</b>		1.2 NAME				
STREET ADDRESS	<b>75 ALAFAYA WOOD BLVD</b>		1.3 STREET ADDRESS	<b>160 Alexandria Blvd.</b>			
CITY-ST-ZIP	<b>OVIEDO FL</b>		1.4 CITY-ST-ZIP	<b>Oviedo, FL 32765</b>			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>SIEGFRIED, KEVIN</b>		2.2 NAME				
STREET ADDRESS	<b>75 ALAFAYA WOODS BLVD.</b>		2.3 STREET ADDRESS	<b>160 Alexandria Blvd.</b>			
CITY-ST-ZIP	<b>OVIEDO FL</b>		2.4 CITY-ST-ZIP	<b>Oviedo, FL 32765</b>			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kevin Siegfried* **Kevin Siegfried** *Walter* **407-311-5779**

CP2E034 (10/97)