

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V45572

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** UNIVERSITY PERFORMING ARTS CENTRE, INC.

**Current Principal Place of Business:**

160 ALEXANDRIA BLVD  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

593 WEST PALM VALLEY DR  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 59-3153768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIEGFRIED, KEVIN  
593 W PALM VALLEY DRIVE  
OVIEDO, FL 327659218 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: PTS  
Name: SIEGFRIED, KEVIN  
Address: 593 WEST PALM VALLEY DR.  
City-St-Zip: OVIEDO, FL 32765 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN SIEGFRIED

P

02/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date