2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#744908

FILED Apr 07, 2003 Secretary of State

Entity Name: JUNIOR ORANGE BOWL COMMITTEE, INC.

	illicipai Fiac	e of Bi	usiness:	New Princ	ipal Place of Business:
STE 2202	XIE HIGHWA ABLES, FL 3:		US		
	lailing Addre		00	New Mailir	ng Address:
ourrent w	ianning Addre	:55.		IACAA IAIGIIII	ng Address.
1390 S. DI. STE 2202	XIE HIGHWA	Υ			
CORAL G	ABLES, FL 3	3146	US		
FEI Number	: 59-2189635	FEI	Number Applied For	() FEI Number Not Appli	icable () Certificate of Status Desired ()
Name and	Address of	Currer	nt Registered Age	ent: Name and	Address of New Registered Agent:
SUITE 320	CE DE LEON				
	named entity e of Florida	submi	ts this statement fo	or the purpose of changing it	s registered office or registered agent, or both
SIGNATU	RE:				
	Electro	nic Sig	nature of Register	ed Agent	Date
OFFICER	S AND DIREC	CTORS	5 :	ADDITION	S/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	VP/D (PERRY, EUNI 423 PALERM CORAL GABL	O AVE	•	Title: Name: Address:	() Change () Addition
ony-or-zip.	CORAL GABL	ES, FL	33134	City-St-Zip:	
Title: Name: Address: City-St-Zip:) Delete RIA VENUE		City-St-Zip: Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name: Address: City-St-Zip: Title: Name: Address:	S/D (BURNS, GLOI 9335 SW 72 / MIAMI, FL 33) Delete RIA AVENUE 156) Delete RLES 2 TERRA		Title: Name: Address:	() Change () Addition () Change () Addition
Title: Vame: Address:	S/D (BURNS, GLOI 9335 SW 72 A MIAMI, FL 33 T/D (LITTLE, CHAF 12020 SW 12 MIAMI, FL 33) Delete RIA AVENUE 156) Delete RLES 2 TERRA 186) Delete NN, WIL N DRIVE	ACE LIAM	Title: Name: Address: City-St-Zip: Title: Name: Address:	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S/D (BURNS, GLOI 9335 SW 72 A MIAMI, FL 33 T/D (LITTLE, CHAF 12020 SW 12 MIAMI, FL 33 VD (SCHEUERMA 609 SAN JUAI CORAL GABL) Delete RIA AVENUE 156) Delete LES 2 TERRA 186) Delete NN, WIL N DRIVE ES, FL) Delete EE PLACE	ACE LIAM 33143	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	()Change()Addition

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: GLORIA BURNS D 04/07/2003