

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

80-0736 A/R05

closed: 5/07/04

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # L04824 1. Entity Name MELBOURNE SQUARE FAN CLUB, INC.					
Principal Place of Business 1700 W NEW HAVEN AVE #935 MELBOURNE FL 32904 US			Mailing Address ATTN: TAX DEPARTMENT P.O. BOX 141269 IRVING TX 75014-1269		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3058948	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEVILLE, R. SHAWN <input checked="" type="checkbox"/> Delete 90 MCKEE MAHWAH NJ 07340		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Maureen Richards 933 MacARTHUR BLVD., MAHWAH, NJ 07430	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input checked="" type="checkbox"/> Delete APPLBAUM, LEE D 90 MCKEE MAHWAH NJ 07340		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete COLTER, WARREN Z 90 MCKEE MAHWAH NJ 07340		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Timothy Garahan 67 MILLBROOK ST., WORCESTER, MA 01606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete LYNCH, MICHAEL 90 MCKEE MAHWAH NJ 07340		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete WILSON, MARY BETH 3201 W. ROYAL LANE IRVING TX 75063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200047307332 02/25/05--01044--018 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete GALANTE, ANDREA 3201 ROAYL LANE IRVING TX 75063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			TIMOTHY GARAHAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date FEB - 7 2005		

Daytime Phone #