## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M32953

Entity Name: FLORIDA BASKETBALL ASSOCIATES. INC

FILED Mar 07, 2003 Secretary of State

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Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
1 S.E. 3RD #2300 MIAMI, FL					
Current Mailing Address:			New Mailing Add	New Mailing Address:	
1 S.E. 3RD AVE. #2300 MIAMI, FL 33131 US			AMERICAN AIRLI	601 BISCAYNE BOULEVARD AMERICAN AIRLINES ARENA MIAMI, FL 33132 US	
FEI Number:	: 59-2681369	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
INTRASTATE REGISTERED AGENT CORP 701 BRICKEL AVENUE STE 3000 MIAMI, FL 33131 US			200 S. BISCAYNE 43RD FLOOR	PENINSULA REGISTERED AGENT, INC 200 S. BISCAYNE BOULEVARD 43RD FLOOR MIAMI, FL 33131 US	
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: RICHARD BERNSTEIN				03/07/2003	
Electronic Signature of Registered Agent			nt	Date	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP () ARISON, MICKY 3655 NW 87TH MIAMI, FL 3318	AVE.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () FRANK, HOWAI 3655 NW 87TH MIAMI, FL 3318	AVE.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPS () WOOLWORTH, 601 BISCAYNE MIAMI, FL 3313	BV	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VPT ()	Delete	Title:	( ) 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SAMUEL D. SCHULMAN VPT 03/07/2003

SCHULMAN, SAMUEL D

601 BISCAYNE BV

MIAMI, FL 33132

Name:

Address:

City-St-Zip: