


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90072 021 ****70.00

DOCUMENT # N01000000714	
1. Entity Name UNITED YOUTH FOOTBALL AND CHEERLEADERS LEAGUE, INC.	

Principal Place of Business 370 NE 59 CT FT LAUDERDALE, FL 33334	Mailing Address 1251 S FEDERAL HWY UNIT 105 BOCA RATON, FL 33432
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24051830



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132004 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LLERAS, JOE 370 NE 59 CT FT LAUDERDALE, FL 33334	

7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	LLERAS, JOE
STREET ADDRESS	370 NE 59 CT
CITY-ST-ZIP	FT LAUDERDALE, FL 33334
TITLE	D <input type="checkbox"/> Delete
NAME	GILLIS, MICHAEL
STREET ADDRESS	270 NW 15TH PLACE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D <input type="checkbox"/> Delete
NAME	HALLORAN, SUZAN
STREET ADDRESS	1251 S FEDERAL
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D <input type="checkbox"/> Delete
NAME	SCHNEIDER, DIANNE
STREET ADDRESS	2616 NE 15TERR
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	CD <input type="checkbox"/> Delete
NAME	GASBERIC, DEBBIE
STREET ADDRESS	4891 NE 2ND AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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: Suzan Halloran - SUZAN HALLORAN 4-16-04 561-750-3025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #