

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 25 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03312005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N01000001940</b> 1. Entity Name FSU.COM/CENTRAL FLORIDA, INC.					
Principal Place of Business THE FLORIDA STATE UNIVERSITY 220 WESTCOTT BLDG TALLAHASSEE, FL 32306-1470			Mailing Address THE FLORIDA STATE UNIVERSITY 220 WESTCOTT BLDG TALLAHASSEE, FL 32306-1470		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
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	
STEFFENS, BETTY 424 WESTCOTT BLDG FLORIDA STATE UNIVERSITY TALLAHASSEE, FL 32306-1400				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <u>X</u> <i>Betty Steffens</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>4/4/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALK, JAY M.D.		NAME	Muszynski, Michael J.	
STREET ADDRESS	86 W. UNDERWOOD ST.		STREET ADDRESS	415 Briercliff Drive	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Orlando, FL 32806	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, JOHN M.D.		NAME		
STREET ADDRESS	1731 SANTA MARIA PLACE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, MOLLIE		NAME		
STREET ADDRESS	1269 W CALL STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 323064300		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRISON, RICH		NAME		
STREET ADDRESS	2400 BEDFORD ROAD, 4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSTA, ANTHONY J		NAME		
STREET ADDRESS	415 BRIERCLIFF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRITCHARD, SIBILLE		NAME		
STREET ADDRESS	401 W COLONIAL DRIVE SUITE #7		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		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: <u><i>Michael J. Muszynski</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/5/05</u> DAYTIME PHONE # <u>(850) 644-8936</u>		

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APR 25 2005

**Board Members of the FSU COM/Central Florida, Inc.**

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