2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N02000005620

Entity Name: UNIVERSITY OF CENTRAL FLORIDA WRESTLING, INC.

Current Principal Place of Business:

442 BONIFAY AVENUE
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

442 BONIFAY AVENUE
ORLANDO, FL 32825

New Mailing Address:

P.O. BOX 163548
ORLANDO, FL 32816

FEI Number: 75-3073255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROUSE, JOHNNY W
Address: 442 BONIFAY AVENUE
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: ROTHENBERG, PAUL
Address: 442 BONIFAY AVENUE
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: BALMA, JASON M
Address: 442 BONIFAY AVENUE
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SANFORD, ZACHARY
Address: 442 BONIFAY AVENUE
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JASON BALMA D 01/16/2009

Electronic Signature of Signing Officer or Director — Date