2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001880

Entity Name: UCF ATHLETICS ASSOCIATION, INC.

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Jan 15, 2004 Secretary of State

Current Principal Place of Business:		New Prin	New Principal Place of Business:	
4000 CENTRAL FLORIDA BLVD. ROOM 107 ORLANDO, FL 32816		BLDG 38,	ITRAL FLORIDA BLVD. RM 123 D, FL 32816	
Current Mailing Address:		New Mail	New Mailing Address:	
4000 CENTRAL FLORIDA BLVD. ROOM 107 ORLANDO, FL 32816		P.O. BOX 163555 ORLANDO, FL 328163555 US		
FEI Number: 56-23344	48 FEI Number Applied For()	FEI Number Not App	Dlicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:	
COLE, W. SCOTT 4000 CENTRAL FL MILLICAN HALL ORLANDO, FL 328	ORIDA BLVD. ROOM 360 316			
The above named of in the State of Florid		purpose of changing	its registered office or registered agent, or both,	
SIGNATURE:				
El	ectronic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DR. () Change (X) Addition HITT, JOHN C P.O. BOX 160002 ORLANDO, FL 328160002 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MR. () Change (X) Addition ALBERTSON, DAVID P.O. BOX 2999 WINTER PARK, FL 327892999 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MR. () Change (X) Addition MERCK, WILLIAM P.O. BOX 160020 ORLANDO, FL 328160020 US	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

MR

ORSINI, STEVÉN

P.O. BOX 163555

ORLANDO, FL 328163555 US

() Change (X) Addition

SIGNATURE: STEVE ORSINI MR. 01/15/2004