**FILED** 2001 UNIFORM BUSINESS REPORT (UBR) May 21, 2001 8:00 am Secretary of State 04-30-2001 90048 026 \*\*\*\*70.00 **DOCUMENT # N45156** FIRST COAST SOCCER, INC. Mailing Address 10991-97 SAN JOSE BLVD Principal Place of Business 10991-56 SAN JOSE BLVD SUITE 144 JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3090428 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SMITH HULSEY & BUSEY 1800 FIRST UNION NATIONAL BANK TOWER 225 WATER ST. JACKSONVILLE FL 32202 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19 11. TITLE TREASVRER Delete TITLE MICHAEL S. OSBORNE ROSSETTI, EDWARD JR. NAME NAME STREET ADDRESS 3373 LAUREL GROVE SOUTH STREET ADDRESS 135 MANDARIN FOREST ARIV CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Delete TITLE WEDNER, MICHAEL NAME NAME 4674 GREAT WESTERN LANE STREET ADDRESS STREET ADDRESS CITY-ST-71P JACKSONVILLE FL CITY-ST-ZIP TITLE Delete NAME HARTNETT, WILLIAM NAME STREET ADDRESS 5044 MARBLE EGRET DR S STREET ADDRESS D CITY - ST - ZIP JACKSONVILLE FL 32257 CITY-ST-7IP V.P. ADMINISTRATION OF THE BLANCHARDS CT. SACIONNILLE FL 32258 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in St indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 61

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG