

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003974

FILED
Aug 22, 2003
Secretary of State

Entity Name: INNER-CITY GAMES OF ORLANDO, INC.

Current Principal Place of Business:

ONE CITRUS BOWL PLACE
ORLANDO, FL 32805

New Principal Place of Business:

649 W. LIVINGSTON STREET
ORLANDO, FL 32801

Current Mailing Address:

ONE CITRUS BOWL PLACE
ORLANDO, FL 32805

New Mailing Address:

649 W. LIVINGSTON STREET
ORLANDO, FL 32801

FEI Number: 59-3313614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWLESS, DONNA
225 E. PINE ST., STE 355
ORLANDO, FL 32801 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: DVC () Delete
Name: EARL, ROBERT
Address: 8669 COMMODITY CR.
City-St-Zip: ORLANDO, FL 32819

Title: ODS () Delete
Name: DOWLESS, DONNA
Address: 225 E. ROBINSON ST., #355
City-St-Zip: ORLANDO, FL 32801

Title: T () Delete
Name: LEONHARDT, FRED
Address: 201 E. PINE ST.
City-St-Zip: ORLANDO, FL 32801

Title: DC () Delete
Name: WYMAN, BETTY
Address: 400 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

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

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.

SIGNATURE: BETTY WYMAN

DC

08/22/2003

Electronic Signature of Signing Officer or Director

Date