


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0005228 AV

DOCUMENT # P02000028444	
1. Entity Name UNITED CHEERLEADING OF JACKSONVILLE, INC.	

FILED

03 OCT -6 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8130 WEKIVA LANE JACKSONVILLE FL 32256	Mailing Address 8130 WEKIVA LANE JACKSONVILLE FL 32256
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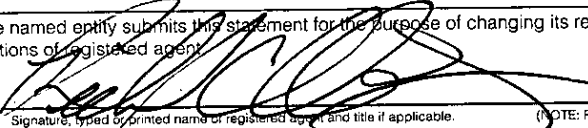
2. Principal Place of Business 6005 Powers Av. Suite, Apt. #, etc. # 206 City & State Jacksonville FL Zip 32217 Country	3. Mailing Address 6005 Powers Av. Suite, Apt. #, etc. # 206 City & State Jacksonville FL Zip 32217 Country
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REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent PETRIE, GAYLE 8130 WEKIVA LANE JACKSONVILLE FL 32256	7. Name and Address of New Registered Agent Name Clay Owensby Street Address (P.O. Box Number is Not Acceptable) 6005 Powers Av. Suite 206 City Jacksonville FL Zip Code 32217
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4. FEI Number 41-2030265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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.

SIGNATURE  DATE 10/03/03--01087--021 **550.00

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENSBY, CLAY 8130 WEKIVA LANE JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clay Owensby 6005 Powers Av, Suite 206 Jacksonville FL 32217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRIE, GAYLE 8130 WEKIVA LANE JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500023554645 10/03/03--01087--022 **200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)