


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000052705**

1. Entity Name  
**TAMPA SOCCER SCHOOL, INC.**




Principal Place of Business 401 W KENNEDY BLVD BOX 1 TAMPA, FL 33606-1490	Mailing Address 401 W KENNEDY BLVD BOX 1 TAMPA, FL 33606-1490
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2. Principal Place of Business	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.

City & State	City & State
Zip	Country

55038835



CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0591042** Applied For  Not Applicable

5. Certificate of Status Desired  \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSTON, BOBBY 401 W KENNEDY BLVD BOX 1 TAMPA, FL 33606-1490	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

SIGNATURE, NAME AND TITLE OF CURRENT REGISTERED AGENT AND FEI (IF APPLICABLE) (NONE: Registered Agent Signature Required When Changing)

	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	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
	DPST JOHNSTON, BOBBY 401 W KENNEDY BLVD TAMPA, FL 33606		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 electronic filing, with an address, with all other files empowered.

SIGNATURE: Robert M. Johnston 4/14/03 813 784-2431

SIGNATURE AND TITLE DO NOT EXCEED NUMBER OF OFFICERS OR DIRECTORS

CHECKBOX (10 OR)