2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P02000078080

Principal Place of Business 11277 54TH AVE NORTH ST PETERSBURG, FL 33708

VARSITY STARZ FUNDRAISING, INC.

1. Entity Name

Mailing Address

11277 54TH AVE NORTH ST PETERSBURG, FL 33708



04232004

No Chg-P

CR2E034 (10/03)

PD 4-63-09 FILED Apr 26, 2004 08:00 AM

Secretary of State

4. FEI Number 82-0552587

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNT, CLIFFORD J C/O BECKER & POLIAKOFF, P.A. 401 E JACKSON ST SUITE 2400 TAMPA, FL 33602

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | | | I | | | |
|--|---|-------|---|--------------------------------|------------------------------------|--------|
| 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 | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | U00000131188 04/26/04-80146-003 | 150.00 |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FRY, TERESA A 11277 54TH AVE. N. SAINT PETERSBURG, FL. 33708 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TOSCANO, MICHON R 11277 54TH AVE. N. SAINT PETERSBURG, FL 33708 | | | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | VP FRY, MICHAEL J 48-EDIN BURG RD. TRENTON, NJ 08619 | - | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 12. I hereby certify that the information supplied with this filling 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. | | | | | | |