


FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 90184 019 ***158.75

55047261

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

| | | | |
|---|---|---|---|
| DOCUMENT # P02000086868 | |  | |
| 1. Entity Name THE UNITED CHEER CHALLENGE, INC. | | | |
| Principal Place of Business 16145 NW 14 STREET PEMBROKE PINES FL 33028 | | Mailing Address 16145 NW 14 STREET PEMBROKE PINES FL 33028 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SHELBY, MATTHEW 16145 NW 14 STREET PEMBROKE PINES FL 33028 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 <i>Matthew Shelby</i> Signature, typed or printed name of registered agent and title if applicable | | DATE MAY 20, 2003 (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MATTHEW Shelby President <input type="checkbox"/> Delete 16145 NW 14 St. Pembroke Pines FL 33028 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ERK Little Vice President <input type="checkbox"/> Delete 16145 NW 14 St. Pembroke Pines FL 33025 | 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 |
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| 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: <i>Eric Little</i> | | Date APRIL 4, 2003 1954560 4022 Daytime Phone # | |