## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000068989

Entity Name: USF VOLLEYBALL INC.

TAMPA, FL 33620

City-St-Zip:

**FILED** Mar 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4202 E. FOWLER AVE. SUN 141 TAMPA, FL 33620 **Current Mailing Address: New Mailing Address:** 4202 E. FOWLER AVE. SUN 141 TAMPA, FL 33620 FEI Number: 27-0089050 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: A1A REGISTERED AGENT INC. 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 334110000 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LESSINGER, CLAIRE Name: Name: 4212 LEONA ST. Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: Title: () Change () Addition () Delete Name: SHADE, NICOLE Name: 2424 W TAMPA BAY BLVD APT L108 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE LESSINGER D 03/25/2008