

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

80-0331 ANR05

closed: 5/07/04

FILED

05 FEB 24 PM 2: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P94000067234</b> 1. Entity Name <b>UNIVERSITY FOOTACTION, INC.</b>					
Principal Place of Business <b>2154 UNIVERSITY SQUARE MALL ONE THEALL RD. TAMPA FL 33612 US</b>			Mailing Address <b>PO BOX 141269 IRVING TX 75014-1269 US</b>		
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 <b>59-3272925</b> <div style="float: right; border: 1px solid black; padding: 2px;">             Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NEVILLE, R. SHAWN 90 MCKEE MAHWAH NJ 07340</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Maureen Richards</b> <b>933 MacARTHUR BLVD., MAHWAH, NJ 07430</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP APPLBAUM, LEE D 90 MCKEE MAHWAH NJ 07340</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300047306743</b> <b>02/25/05--01044--004 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP COLTER, WARREN Z 90 MCKEE MAHWAH NJ 07340</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Timothy Garahan</b> <b>67 MILLBROOK ST., WORCESTER, MA 01606</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS LYNCH, MICHAEL 90 MCKEE MAHWAH NJ 07340</b> <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	<b>VP WILSON, MARY BETH 3201 ROYAL LANE IRVING TX 75063</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 2em; font-family: cursive;">B2/24</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS GALANTE, ANDREA 3201 ROYAL LANE IRVING TX 75063</b> <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:** **TIMOTHY GARAHAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB. - 7 2005**

Daytime Phone #