

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90126 045 ***150.00

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DOCUMENT # 510013

1. Entity Name
PROFESSIONAL BASEBALL PROMOTION CORP.

Principal Place of Business 201 BAYSHORE DR. S.E. ST PETERSBURG FL 33701 US	Mailing Address P.O. BOX A ST. PETERSBURG FL 33731 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1771795		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent HAYES, BEN J 201 BAYSHORE DR SE ST PETERSBURG FL 33701				7. Name and Address of New Registered Agent			
				Name D. Scott Poley			
				Street Address (P.O. Box Number is Not Acceptable) 201 Bayshore Drive SE			
				City St. Petersburg,		FL	Zip Code 33701

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.

SIGNATURE *D. Scott Poley* **D. Scott Poley, Secretary & General Counsel** **4-25-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOORE, MIKE		NAME				
STREET ADDRESS	201 BAYSHORE DR. S.E.		STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33701		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRAND, STAN		NAME				
STREET ADDRESS	923 FIFTEENTH ST. N.W.		STREET ADDRESS				
CITY-ST-ZIP	WASHINGTON DC		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	O'CONNER, PAT		NAME				
STREET ADDRESS	201 BAYSHORE DR SE		STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HAYES, BEN J		NAME	D. Scott Poley			
STREET ADDRESS	201 BAYSHORE DR SE		STREET ADDRESS	201 Bayshore Drive SE			
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP	St. Petersburg, FL 33701			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. Scott Poley* **D. Scott Poley** **Secretary & General Counsel** **4-25-01** **727-822-6937**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)