

510013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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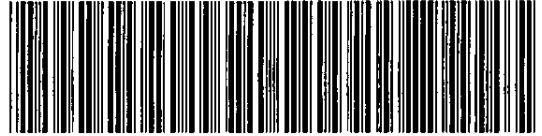
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*enter 8/24/09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Professional Baseball Promotion Corp.  
Name of Corporation

**DOCUMENT NUMBER:** 510013

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. Scott Poley  
Name of Contact Person

National Association of Professional Baseball Leagues  
Firm/Company

9550 16th Street North  
Address

St. Petersburg, Florida 33716  
City/State and Zip Code

spoley@MiLB.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Poley at ( 727 ) 456 - 1714  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Professional Baseball Promotion Corp.

2. The principal office address: 9550 16th Street North, St. Petersburg, Florida 33716

3. The mailing address (if different): P.O. Box A, St. Petersburg, Florida 33731

4. Date of incorporation/qualification: 08/05/1976 Document number: 510013

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

D. Scott Poley

201 Bayshore Dr SE

St. Petersburg, Florida 33701

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

D. Scott Poley

9550 16th Street North

P.O. Box NOT acceptable

St. Petersburg, Florida 33716

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Pat O'Conner, President  
Signature of an officer or director

Pat O'Conner, President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

D. Scott Poley  
Signature of Registered Agent

8/17/09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314