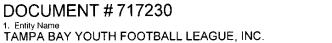
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT





FILED Mar 28, 2007 8:00 am Secretary of State 03-28-2007 90007 019 ****70.00

IAMPAB	AT TOUTH FOOTBALL LE	AGUE, INC.)				
Principal Place of Business 3901 GEORGE ROAD POST OFFICE BOX 22591 TAMPA, FL 33622 US		Mailing Address 3901 GEORGE ROAD POST OFFICE BOX 22591 TAMPA, FL 33622 US		4009	19600			
Principal Place of Business - No P.O. Box #		3. Mailing Address			i ai a i i a a a i i i i i a i i a i a i a i a i a	. Q Q A B B B B * B		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132007 Ch	g-NP CF	R2E037 (12/06)		
City & State		City & State		4. FEI Number 23-711794	5	/	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ess of New Regis	tered Agent		
HARRISON, LINDA			Name					
7913SINGI TAMPA, FI	ING CT		Street Address	s (P.O. Box Number is N	lot Acceptable)			
			City			FL Zip Code	9	
O The share	named entity submits this statement for	with a new consideration its con-	vistared office or regist	tored agent, or both in	the State of Florida		and accent	
	named entity submits this statement to lons of registered agent.	r the purpose of changing its reg	gisterea office or regist	tered agent, or both, in	ine State of Florida.	Tam ramiliar with,	али ассері	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requi	ired when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campa Trust Fund Cor			· -	\$5.00 May Be Added to Fees	4 1	check payable to Department of SI		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTORS IN	10	
TITLE NAME	VP CUMMINGS WILEY, CINDY	Delete	TITLE NAME			Change	Addition	
STREET ADDRESS	819 JACARANDA DRIVE OLDSMAR, FL 34677	,	STREET ADDRESS CITY-ST-ZIP					
TITLE	TD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	HARRISON, LINDA		NAME					
STREET ADDRESS CITY-ST-ZIP	7913 SINGING CT TAMPA, FL 33615		STREET ADDRESS CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	MARTIN, DOUG	·	NAME STREET ADDRESS					
STREET ADDRESS T	11308 PARTRIDGE DR TAMPA, FL 33615		CITY-ST-ZIP					
TITLE	SD	☐ Delete	TITLE			☐ Change	Addition	
NAME OTOSET ADDOSES	MARTIN, RHONDA		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	11308 PARTRIDGE DRIVE TAMPA, FL 33626		CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	KEYS, JEFF		NAME STORET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	8317 ENDIRE AVE TAMPA, FL 33619		STREET ADDRESS CITY-ST-ZIP					
TITLE	VPD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	LEVINSON, SCOTT		NAME OVERET A DODESO					
STREET ADDRESS CITY-ST-ZIP	4809 WYNWOOD TAMPA, FL 33615		STREET ADORESS CITY-ST-ZIP					

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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: