

**FILE FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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95 APR 27 PM 3: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L65473 (5)**

1. Corporation Name  
**BASEBALL DUGOUT INC.**

Principal Place of Business	Mailing Address
% KENNETH ROSE 3514 LAKE WORTH ROAD, SUITE 2 LAKE WORTH FL 33461	% KENNETH ROSE 3514 LAKE WORTH ROAD, SUITE 2 LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/12/1990	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0222737	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
ROSE, KENNETH 3514 LAKE WORTH ROAD SUITE 2 LAKE WORTH FL 33461				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL	85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, KENNETH	1.2 NAME	Rose, Kenneth
STREET ADDRESS	4419 IXORA CIRCLE	1.3 STREET ADDRESS	4419 Ixora Circle
CITY - ST - ZIP	LAKE WORTH FL	1.4 CITY - ST - ZIP	Lake Worth, FL 33461
TITLE	D	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, RENEE	2.2 NAME	Rose, Renee
STREET ADDRESS	4419 IXORA CIRCLE	2.3 STREET ADDRESS	4419 Ixora Circle
CITY - ST - ZIP	LAKE WORTH FL	2.4 CITY - ST - ZIP	Lake Worth, FL 33461
TITLE		3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Stein, Tracie
STREET ADDRESS		3.3 STREET ADDRESS	3893 Ocala Road
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Lantana, FL 33462
TITLE		4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Astemborski, Karen
STREET ADDRESS		4.3 STREET ADDRESS	324 Pinewood Street
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Lantana, FL 33462
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if employed, or on an attachment with an address.

SIGNATURE: Renee Rose Renee Rose 4/24/95 (407)642-3124