

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90472 019 ***150.00

DOCUMENT # M74220

1. Entity Name
"PLAYBALL" BASEBALL ACADEMY, INC.



Principal Place of Business
**C/O FRED FERREIRA
2751 N.E. 52 ST.
FT. LAUDERDALE FL 33308**

Mailing Address
**C/O FRED FERREIRA
2751 N.E. 52 ST.
FT. LAUDERDALE FL 33308**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0068398

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERREIRA, FRED
2751 N.E. 52 ST.
FT. LAUDERDALE FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P FERREIRA, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	2751 N.E. 52 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE NAME	V VALENTINER, GUILLERMO	<input type="checkbox"/> Delete
STREET ADDRESS	APARTADO POSTAL 6607	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE NAME	V KIERCE, RANDY	<input type="checkbox"/> Delete
STREET ADDRESS	2165 N.E. 61 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE NAME	ST FERREIRA, FAYE	<input type="checkbox"/> Delete
STREET ADDRESS	2751 N.E. 52 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)