2005 NOT-FOR-PROFIT CORPORATION
__ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 21, 2005 08:00 AM Secretary of State

1. Entity Name

THE MIDWEST LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.



Principal Place of Business

1118 CRANSTON RD BELOIT, WI 53511 US Mailing Address

1118 CRANSTON RD. P.O. BOX 936 BELOIT, WI 35311



04152005 No Chg-NP

CR2E037 (10/03)

| 4. FEI Number | | | | | | | | | Applied For | | |
|---------------|---|-----|----|-----|---|--|----|--|-------------|----|----------------|
| | 4 | 2-1 | 24 | 605 | 9 | | | | | | Not Applicable |
| | | | | | | | `` | | \$8.7 | 75 | Additional |

5. Certificate of Status Desired

Fee Required

| | · tanific di | IN AUGIOSS | or vario | ur i icaiane | 44.42 |
|---------|--------------|------------|----------|--------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| EL. JOH | -IN F | | | | |
| | | | | | |

WENDEL, JOHN F. 5300 S FLORIDA AVE. LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the jons of registered agent. | purpose of changing its registered of | ffice or registered | agent, or both, i | n the State of Florida. I | am familiar with, and accept | | |
|---|---|--|----------------------|-------------------|--|------------------------------|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2005 | Election Campaign Financing Trust Fund Contribution. | \$5.00 Added t | May Be to Fees | | | | |
| 10. | OFFICERS AND DIRE | CTORS | | | · · | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SPELIUS, GEORGE H. 1118 CRANSTON RD BELOIT, WI | | | _ | Uaaaaaa | 30 d | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LARSON, C. EDWARD 1118 CRANSTON ROAD BELOIT, WI | | | |)4/21/05-800 | 394 96-007 61.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD NUSSBAUM, RICHARD A. 1118 CRANSTON ROAD BELOIT, WI | <u> </u> | | DO N | NOT WRI | TE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN T | HIS SPAC | E | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | - | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | To desire the time of | | | Manager Markey Commission of the commission of t | | | |
| 12. I hereby of | certify that the information supplied with this fi | iling does not qualify for the exemption | on stated in Section | n 119.07(3)(i), F | Torida Statutes. I further | certify that the information | | |

of the corporation or the receiver 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 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.

SECNIATURE.

.