2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 131831

Entity Name: JACKSONVILLE BASEBALL EXHIBITION COMPANY

Current Principal Place of Business:

3837 HARBOR DR.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10024
JACKSONVILLE, FL 32247 US

New Mailing Address:

3837 HARBOR DR.
JACKSONVILLE, FL 32207

FEI Number: 59-0306107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, JAMES R. III
3837 HARBOR DR.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: BOYD, BENITA S
Address: 3837 HARBOR DR.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D ( ) Delete
Name: QUINN, KATHRYN B
Address: 3964 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: BOYD, ALYCE B
Address: 1609 N.W. 19TH CIRCLE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: DP ( ) Delete
Name: BOYD, JAMES R III
Address: 3837 HARBOR DR.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D ( ) Delete
Name: BOYD, IDA B
Address: 6000 ,3A SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: BOWER, JEAN H
Address: 2409 CHADFORD WAY
City-St-Zip: LOUSIVILLE, KY 40222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R.BOYD,III PRES 01/08/2009

Electronic Signature of Signing Officer or Director — Date