

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 510013

FILED
Mar 23, 2005
Secretary of State

Entity Name: PROFESSIONAL BASEBALL PROMOTION CORP.

Current Principal Place of Business:

201 BAYSHORE DR. S.E.
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX A
ST. PETERSBURG, FL 33731 US

New Mailing Address:

FEI Number: 59-1771795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POLEY, D.SCOTT
201 BAYSHORE DR SE
ST PETERSBURG, FL 33701 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: PD () Delete
Name: MOORE, MIKE
Address: 201 BAYSHORE DR. S.E.
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: V () Delete
Name: BRAND, STAN
Address: 923 FIFTEENTH ST. N.W.
City-St-Zip: WASHINGTON, DC

Title: T () Delete
Name: O'CONNER, PAT
Address: 201 BAYSHORE DR SE
City-St-Zip: ST PETERSBURG, FL

Title: S () Delete
Name: POLEY, D.SCOTT
Address: 201 BAYSHORE DR SE
City-St-Zip: SAINT PETERSBURG, FL 33701

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: D. SCOTT POLEY

S

03/23/2005

Electronic Signature of Signing Officer or Director

_____ Date