

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 20, 2004
Secretary of State**

DOCUMENT# 734560

Entity Name: SKYWAY PARK LITTLE LEAGUE, INC.

Current Principal Place of Business:

4840 INDEPENDENCE PKWY
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 260398
TAMPA, FL 33685

New Mailing Address:

FEI Number: 52-1225447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHISM, RUTH
10218 WILCOX ST
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

ANDERSON, BOBBY
7502 MAYFAIR CT
TAMPA, FL 33634 US

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: BOBBY ANDERSON 10/20/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, BOBBY
Address: 7505 MAYFAIR CT
City-St-Zip: TAMPA, FL 33615

Title: V () Delete
Name: CHISM, RUTH
Address: 10218 WILCOX CT
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: PETERSON, ANDY
Address: 3939 DORAL DR
City-St-Zip: TAMPA, FL 33634

Title: S () Delete
Name: ELLIS, KRISTINE
Address: 17807 C JAMESTOWN WAY
City-St-Zip: LUTZ, FL 33558

Title: M () Delete
Name: CHISM, CHRIS
Address: 10218 WILCOX CT
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: DE CASTILO, KRISTY
Address: 9653 WILSKY BLVD
City-St-Zip: TAMPA, FL 33634

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY G ANDERSON P 10/20/2004
Electronic Signature of Signing Officer or Director Date