

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742304

FILED
Jan 04, 2007
Secretary of State

Entity Name: CORAL SPRINGS BASKETBALL CLUB, INC.

Current Principal Place of Business:

P.O. BOX 9285
CORAL SPRINGS, FL 33075

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9285
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 59-2221219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ED
5910 NW 125TH AVE
CORAL SPRINGS, FL 33076 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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MILLER, EDWARD A
Address: 5910 NW 125TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: PD () Delete
Name: LIEBOVITZ, EUGENE
Address: 1337 NW 108TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD () Delete
Name: BURATT, SCOTT
Address: 11901 NW 27TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPD () Delete
Name: FRAIMAN, RICHARD
Address: 495NW 113 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065

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

SIGNATURE: ED MILLER

_____ Electronic Signature of Signing Officer or Director

T/D

01/04/2007

_____ Date