2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747243

FILED Jan 19, 2006 Secretary of State

Entity Name: THE PACIFIC COAST LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
1631 MES	A AVE			
STE A COLORAE	OO SPRINGS, CO 80906 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
1631 MES	A AVE			
STE A COLORAE	DO SPRINGS, CO 80906 US			
El Number:	: 84-1595387 FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired	()	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:		
	COTT HORE DR. SE TERSBURG, FL 33701 US			
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, c	r both,	
SIGNATUR				
	Electronic Signature of Registered A			
)FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTOR	
itle: lame: address:	P () Delete RICKEY, BRANCH B 1631 MESA AVE COLORADO SPRINGS, CO 80906	Title: () Change () Addition Name: Address:		
کاty-St-∠ip:	COLORADO SI KINOS, CO 00900	City-St-Zip:		
Fitle: Name: Nddress:	D () Delete SAVAGE, ART 1631 MESA AVE COLORADO SPRINGS, CO 80906	Title: () Change () Addition Name: Address: City-St-Zip:		
City-St-Zip: Vame: Address: City-St-Zip: Vame: Address: City-St-Zip:	D () Delete SAVAGE, ART 1631 MESA AVE	Title: () Change () Addition Name: Address:		
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress:	D () Delete SAVAGE, ART 1631 MESA AVE COLORADO SPRINGS, CO 80906 VP () Delete LOGAN, DON 1631 MESA AVE	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Name: Name: Address:	D () Delete SAVAGE, ART 1631 MESA AVE COLORADO SPRINGS, CO 80906 VP () Delete LOGAN, DON 1631 MESA AVE COLORADO SPRINGS, CO 80906 D () Delete PRUITT, SCOTT 1631 MESA AVE STE A	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: BRANCH B. RICKEY P 01/19/2006