


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 754652</b> 1. Entity Name <b>THE TEXAS LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.</b>	
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Principal Place of Business <b>2442 FACET OAK SAN ANTONIO TX 78232 US</b>	Mailing Address <b>2442 FACET OAK SAN ANTONIO TX 78232 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HOPPEL, MONTY</b> <b>4300 N LAMESA RD</b> <b>MIDLAND TX</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>1100000027769</b> <b>02/03/04-80059-021 61.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MILLER, JAY</b> <b>PO BOX 5309</b> <b>ROUND ROCK TX 78083</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LAMSON, CHUCK</b> <b>4802 EAST 15TH ST.</b> <b>TULSA OK</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>VALENTINE, BILL</b> <b>RAY WINDER FIELD, WAR MEMORAL PARK</b> <b>LITTLE ROCK AR 72205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BRETT, ROBERT</b> <b>9700 GATEWAY NORTH BLVD</b> <b>EL PASO TX 79924</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>YARBROUGH, BURL</b> <b>5757 HUY 90 W</b> <b>SAN ANTONIO TX 78237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tom Kuyser, President* 1/26/04 240 545-5297