

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000000056	
1. Entity Name MAJOR LEAGUE ALUMNI MARKETING, INC.	

Principal Place of Business 1631 MESA AVENUE, SUITE B COLORADO SPRINGS CO 80906	Mailing Address 5027 BACKLICK RD ANNADALE VA 22003
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 25-1604731		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TORGUSON, CHRISTOPHER TROPICANA FIELD, ONE TROPICANA DR ST. PETERSBURG FL 33705		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)	DATE _____
FILE NOW!!! FEE IS: \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEAYER, TOM 1761 DIAMOND MOUNTAIN ROAD CALISTOGA CA 74515 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINFIELD, DAVE 2235 STRATFORD CIRCLE BEL AIR CA 90077 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000820080 02/18/08-80013-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOORE, SAMUEL N 5027 BACKLICK ROAD ANNADALE VA 22003 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHANEY, DARRELL 289 SKYLAKE SAUTEE NACOOCHIEE GA 30571 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JENKINS, FERGIE ROUTE 1, BOX 1202 GUTHRIE OK 73044 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOORE, SAMUEL N 5027 BACKLICK RD ANNADALE VA 22003 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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: Samuel N. Moore **Asst. Secretary** 2/5/08 (703) 941-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #