

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004104

FILED  
Jan 02, 2007  
Secretary of State

Entity Name: PROFESSIONAL BULL RIDERS, INC.

**Current Principal Place of Business:**

6 SOUTH TEJON STREET  
SUITE 700  
COLORADO SPRINGS, CO 80903

**New Principal Place of Business:**

**Current Mailing Address:**

6 SOUTH TEJON STREET  
SUITE 700  
COLORADO SPRINGS, CO 80903

**New Mailing Address:**

FEI Number: 84-1357589      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MURRAY, TY  
Address: 6 S. TEJON ST., STE. 700  
City-St-Zip: COLORADO SPRINGS, CO 80903

Title: VP ( ) Delete  
Name: LAMBERT, CODY  
Address: 6 S. TEJON ST., STE. 700  
City-St-Zip: COLORADO SPRINGS, CO 80903

Title: D ( ) Delete  
Name: SEMAS, AARON  
Address: 6 S. TEJON ST., STE. 700  
City-St-Zip: COLORADO SPRINGS, CO 80903

Title: D ( ) Delete  
Name: GAFFNEY, MICHAEL  
Address: 6 S. TEJON ST., STE. 700  
City-St-Zip: COLORADO SPRINGS, CO 80903

Title: S ( ) Delete  
Name: HART, PAUL A  
Address: 6 SOUTH TEJON STREET, STE. 700  
City-St-Zip: COLORADO SPRINGS, CO 80903

Title: T ( ) Delete  
Name: GACH, DENNIS M  
Address: 6 SOUTH TEJON STREET, STE. 700  
City-St-Zip: COLORADO SPRINGS, CO 80903

**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:

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

SIGNATURE: PAUL A. HART

S

01/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date