


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90014 001 ***150.00

DOCUMENT # F05000002572													
1. Entity Name THE FINISH LINE MAN ALIVE, INC.													
Principal Place of Business 3308 N. MITTHOEFFER ROAD INDIANAPOLIS, IN 46235			Mailing Address 3308 N. MITTHOEFFER ROAD INDIANAPOLIS, IN 46235										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 38-2000558									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____													
FILE NOW!!! FEE IS \$150.00 After May-1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. "SEE ATTACHED LIST" OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	COHEN, ALAN H		NAME										
STREET ADDRESS	3308 N. MITTHOEFFER ROAD		STREET ADDRESS										
CITY-ST-ZIP	INDIANAPOLIS, IN 46235		CITY-ST-ZIP										
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	BUBLICK, JEFFREY M		NAME	Spagna, Lou									
STREET ADDRESS	3308 N. MITTHOEFFER ROAD		STREET ADDRESS	3308 N. MITTHOEFFER RD									
CITY-ST-ZIP	INDIANAPOLIS, IN 46235		CITY-ST-ZIP	INDIANAPOLIS, IN 46235									
TITLE	SVP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	BUBLICK, BENJAMIN E		NAME										
STREET ADDRESS	3308 N. MITTHOEFFER ROAD		STREET ADDRESS										
CITY-ST-ZIP	INDIANAPOLIS, IN 46235		CITY-ST-ZIP										
TITLE	SVP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	BUBLICK, DANIEL A		NAME										
STREET ADDRESS	3308 N. MITTHOEFFER ROAD		STREET ADDRESS										
CITY-ST-ZIP	INDIANAPOLIS, IN 46235		CITY-ST-ZIP										
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	COHEN, GARY D		NAME										
STREET ADDRESS	3308 N. MITTHOEFFER ROAD		STREET ADDRESS										
CITY-ST-ZIP	INDIANAPOLIS, IN 46235		CITY-ST-ZIP										
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	SCHNEIDER, STEVEN J		NAME										
STREET ADDRESS	3308 N. MITTHOEFFER ROAD		STREET ADDRESS										
CITY-ST-ZIP	INDIANAPOLIS, IN 46235		CITY-ST-ZIP										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Donna J. Kadel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DIRECTOR OF TAX		4/16/08 317-899-1022 Date Daytime Phone #								

The Finish Line Man Alive, Inc.
Officer's and Directors

ATTACHMENT

40076350
F0500002572

		Name	
Officer	Director	Address	Position

X	X	Alan H. Cohen 3308 N. Mitthoeffer Road, Indianapolis, IN 46235 (317) 899-1022	Chairman of the Board of Directors & CEO
X		Steven J. Schneider 3308 N. Mitthoeffer Road, Indianapolis, IN 46235 (317) 899-1022	Treasurer
X		Gary D. Cohen 3308 N. Mitthoeffer Road, Indianapolis, IN 46235 (317) 899-1022	Secretary
X		Kevin S. Wampler 3308 N. Mitthoeffer Road, Indianapolis, IN 46235 (317) 899-1022	Assistant Treasurer
X		Lou Spagna 3308 N. Mitthoeffer Road, Indianapolis, IN 46235 (317) 899-1022	President, Man Alive
X		Beau J. Swenson 3308 N. Mitthoeffer Road, Indianapolis, IN 46235 (317) 899-1022	Vice President, Corporate Controller