

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F07000003899

1. Entity Name
FOOTBALL FANATICS, INC.



FILED

08 SEP -5 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6630 BROADWAY AVENUE
JACKSONVILLE, FL 32254

Mailing Address
6630 BROADWAY AVENUE
JACKSONVILLE, FL 32254

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



08262008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3299569

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	DPCC TRAGER, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS	6630 BROADWAY AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE NAME	CEO TRAGER, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS	6630 BROADWAY AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE NAME	DCC TRAGER, MITCHELL	<input type="checkbox"/> Delete
STREET ADDRESS	6630 BROADWAY AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE NAME	DCSO TRAGER, MITCHELL	<input type="checkbox"/> Delete
STREET ADDRESS	6630 BROADWAY AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE NAME	DCOO TRAGER, BRENT	<input type="checkbox"/> Delete
STREET ADDRESS	6630 BROADWAY AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE NAME	S TRAGER, BRENT	<input type="checkbox"/> Delete
STREET ADDRESS	6630 BROADWAY AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	CFO TOM STOLTZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6630 BROADWAY AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE NAME	CIO STEVE WEISKIRCHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6630 BROADWAY AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE NAME	V RICHARD PEREL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6630 BROADWAY AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE NAME	V BRIAN SWALLOW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6630 BROADWAY AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	000135593800	
CITY-ST-ZIP	09/09/08--01012--005 **70.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: Alan Trager Alan Trager

8/29/2008

(904) 421-5233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KS