2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96022 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name BASEBALL, INC. 04-20-2000 90062 011 ***150.00 Principal Place of Business Mailing Address % ROBERT A FOWLER JR % ROBERT A FOWLER JR 303 RIVERBEND BLVD 303 RIVERBEND BLVD LONGWOOD FL 32779-2307 LONGWOOD FL 32779 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2228775 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOWLER, ROBERT A., JR Street Address (P.O. Box Number is Not Acceptable) 303 RIVERBEND BLVD LONGWOOD FL 32779 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \square Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition Delete TITLE TITLE FOWLER, ROBERT A JR NAME NAME 303 RIVERBEND BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 00000 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE FOWLER, PATRICIA J NAME 303 RIVERBEND BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 00000 CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.