2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2000 8:00 am Secretary of State **DOCUMENT # M74220** 1. Entity Name "PLAYBALL" BASEBALL ACADEMY, INC. 01-28-2000 90086 041 ***150.00 Mailing Address Principal Place of Business C/O FRED FERREIRA C/O FRED FERREIRA 2751 N.E. 52 ST. 2751 N.E. 52 ST. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33308-3404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0068398 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERREIRA, FRED Street Address (P.O. Box Number is Not Acceptable) 2751 N.E. 52 ST. FT. LAUDERDALE FL 33308 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. DATE (NOTE: Registered Agent signature required when reinstating) 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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE TITLE ☐ Delete FERREIRA, FRED NAME NAME STREET ADDRESS STREET ADDRESS 2751 N.E. 52 ST. CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition ☐ Change ☐ Delete TITLE VALENTINER, GUILLERMO NAME STREET ADDRESS STREET ADDRESS **APARTADO POSTAL 6607** CITY-ST-ZIP CITY-ST-7IP CARACAS, VENEZUELA ☐ Change Addition ☐ Delete TITLE KIERCE, RANDY NAME STREET ADDRESS STREET ADDRESS 2165 N.E. 61 CT. - ~ CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change Addition ☐ Delete TITLE FERREIRA, FAYE NAME STREET ADDRESS STREET ADDRESS 2751 N.E. 52 ST. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #