2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 AM
Secretary of State

DOCUMENT# N00000001656

Entity Name: FLORIDA TRAVELERS BASEBALL LEAGUE, INC.

Current Principal Place of Business:

7801 NE 40 STREET
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

7801 NE 40 STREET
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 65-1002008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURGESS, JOSEPH L
6245 N FEDERAL HWY STE 300
FT LAUDERDALE, FL 33308 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STOKES, WYLIE
Address: 7801 NE 40 STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: VD ( ) Delete
Name: BURGESS, JOSEPH L III
Address: 2631 NE 63 TERRACE
City-St-Zip: MARGATE, FL 33063

Title: VD ( ) Delete
Name: GREENWOOD, PAUL
Address: 2631 NE 63 TERRACE
City-St-Zip: MARGATE, FL 33063

Title: TD (X) Delete
Name: HEIN, MARC
Address: 1980 NW 94 WAY
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: KERN, BILL
Address: 2631 NE 63 TERRACE
City-St-Zip: MARGATE, FL 33063

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

SIGNATURE: WYLIE STOKES PD 02/15/2002

Electronic Signature of Signing Officer or Director — Date