2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# N00000003075

Entity Name: ZEPHYRHILLS BLAZE FAST PITCH SOFTBALL, INC.

Current Principal Place of Business:

5419 9TH STREET
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

5419 9TH STREET
ZEPHYRHILLS, FL 33542

Current Mailing Address:

5419 9TH STREET
ZEPHYRHILLS, FL 33540

New Mailing Address:

5419 9TH STREET
ZEPHYRHILLS, FL 33542

FEI Number: 59-3644367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REESE, THOMAS D
5419 9TH STREET
ZEPHYRHILLS, FL 33540

Name and Address of New Registered Agent:

REESE, THOMAS D
5419 9TH STREET
ZEPHYRHILLS, FL 33542

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: _____ 04/29/2003
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BUNTYN, BYRON PRES.
Address: 7330 LEHIGH CT.
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: VD ( ) Delete
Name: REESE, THOMAS D V-PRES.
Address: 5419 9TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: TD ( ) Delete
Name: REESE, KIMBERLY J TRESU.
Address: 5419 9TH ST.
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: SD (X) Delete
Name: CROHN, BERTHA SEC.
Address: 9531 SILVERBEND DR.
City-St-Zip: DADE CITY, FL 33525

Title: ED (X) Delete
Name: MILLS, MIKE EQUIP.
Address: 38624 CHARLES AVENUE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: PD (X) Delete
Name: BUNTYN, LORI PUBLICI
Address: 7330 LEHIGH CT.
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: REESE, THOMAS D PRES.
Address: 5419 9TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VD (X) Change ( ) Addition
Name: MILLS, MIKE V-PRES.
Address: 5409 9TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

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

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

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

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: THOMAS D. REESE PD 04/29/2003
Electronic Signature of Signing Officer or Director — Date