

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM  
Secretary of State****DOCUMENT # N00000007620****1. Entity Name**  
BASEBALL AUTHORITY, INC.

<b>Principal Place of Business</b> 6245 N FEDERAL HWY STE 300  FT LAUDERDALE FL 33308	<b>Mailing Address</b> 6245 N FEDERAL HWY STE 300  FT LAUDERDALE FL 33308
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<b>2. Principal Place of Business</b> 3200 NORTH UNIVERSITY DRIVE, #210	<b>3. Mailing Address</b> 3200 NORTH UNIVERSITY DRIVE, #210
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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<b>City &amp; State</b> CORAL SPRINGS FL	<b>City &amp; State</b> CORAL SPRINGS FL
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<b>Zip</b> 33065	<b>Country</b>	<b>Zip</b> 33065	<b>Country</b>
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<b>4. FEI Number</b>	<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

<b>Name</b> BURGESS JOSEPH L
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3200 NORTH UNIVERSITY DRIVE, #210
<b>City</b> CORAL SPRINGS FL
<b>Zip Code</b> 33065

**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 JOSEPH L BURGESS****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**

<b>TITLE</b> D	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b> PRIVITERE BOB	
<b>STREET ADDRESS</b> 4835 NE 14 ST	
<b>CITY-ST-ZIP</b> COCONUT CREEK FL 33063	
<b>TITLE</b> D	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b> BURGESS JOSEPH L	
<b>STREET ADDRESS</b> 6245 N FEDERAL HWY STE 300	
<b>CITY-ST-ZIP</b> FT LAUDERDALE FL 33308	
<b>TITLE</b> D	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b> DAVIS MARK	
<b>STREET ADDRESS</b> 8321 NW 17 COURT	
<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33024	
<b>TITLE</b> D	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b> STOKES WYLIE	
<b>STREET ADDRESS</b> 7801 NW 40 ST	
<b>CITY-ST-ZIP</b> HOLLYWOOD FL 33024	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Joseph L Burgess****D****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)