2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001126

FILED Jan 10, 2009 Secretary of State

Entity Name: NORTH MIAMI BEACH LITTLE LEAGUE, INC. **Current Principal Place of Business: New Principal Place of Business:** 17011 NE 19TH AVE NORTH MIAMI BEACH, FL 33160 **Current Mailing Address: New Mailing Address:** PO BOX 600022 NORTH MIAMI BEACH, FL 33160 FEI Number: 65-1078247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIENZLE, STEPHANIE 1653 NE 178 STREET NORTH MIAMI BEACH, FL 33162 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KIENZLE, STEPHANIE Name: Name: 1653 NE 178 STREET Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BIANCO, PAUL Name: Address: 488 GOLDEN BEACH DRIVE Address: City-St-Zip: GOLDEN BEACH, FL 33160 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROBERT, GOLDFARB ADDICOTT, ETHAN Name: Name: 230 GOLDEN BEACH DRIVE Address: Address: 155 GOLDEN BEACH DRIVE City-St-Zip: GOLDEN BEACH, FL 33160 City-St-Zip: GOLDEN BEACH, FL 33160 Title: () Delete Title: (X) Change () Addition Name: WOLFSON, ALAN Name: DECKLER, KENNETH 368 GOLDEN BEACH DRIVE Address: Address: 19410 40 COURT City-St-Zip: GOLDEN BEACH, FL 33160 City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEPHANIE KIENZLE P 01/10/2009