2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# N01000003271

Entity Name: TRI-CITY TRAVEL BASEBALL, INC.

Current Principal Place of Business:

9700 NW 58 COURT
PARKLAND, FL 33076 US

New Principal Place of Business:

Current Mailing Address:

9700 NW 58 COURT
PARKLAND, FL 33076 US

New Mailing Address:

FEI Number: 65-1139321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LIBANOFF, IRA L
150 S. PINE ISLAND ROAD
SUITE 400
FT. LAUDERDALE, FL 33324 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: P/D ( ) Delete
Name: HORSFORD, JEFFREY A
Address: 9700 NW 58 COURT
City-St-Zip: PARKLAND, FL 33076 US

Title: V/D ( ) Delete
Name: GIANINO, ANDREW
Address: 2131 NW 77 TERRACE
City-St-Zip: MARGATE, FL 33063 US

Title: S ( ) Delete
Name: MARISE, GIANINO
Address: 2131 NW 77 TERRACE
City-St-Zip: MARGATE, FL 33063 US

Title: T ( ) Delete
Name: HORSFORD, MARY A
Address: 9700 NW 58 COURT
City-St-Zip: PARKLAND, FL 33076 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARY A HORSFORD T 04/29/2003

Electronic Signature of Signing Officer or Director — Date