2005 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # N02000006144 SADDLEBROOK SPORTS FOUNDATION, INC. ____Mailing Address Principal Place of Business 5700 SADDLEBROOK WAY 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33543 04052005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2287524 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ____ Fee Required 6. Name and Address of Current Registered Agent RIEHLE, GREGORY R ESQ. DO NOT WRITE 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543 IN THIS SPACE 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. I am familifar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees U00000340774 Due by May 1, 2005 28/05-80130-008 OFFICERS AND DIRECTORS 10. TITLE PTD NAME DEMPSEY, THOMAS L STREET ADDRESS 5700 SADDLEBROOK WAY CITY-ST-ZIP WESLEY CHAPEL, FL 33543 RIEHLE, GREGORY R NAME STREET ADDRESS 5700 SADDLEBROOK WAY CITY-ST-ZIP WESLEY CHAPEL, FL 33543 DV TITLE O'CONNOR, KEVIN NAME STREET ADDRESS 5700 SADDLEBROOK WAY DO NOT WRITE CITY-ST-ZIP WESLEY CHAPEL, FL 33543 TITLE IN THIS SPACE MOORE, HOWARD NAME STREET ADDRESS 5700 SADDLEBROOK WAY CITY - ST- ZIP WESLEY CHAPEL, FL 33543 TITLE ALLEN, DONALD NAME STREET ADDRESS 5700 SADDLEBROOK WAY CITY-ST-ZIP WESELY CHAPEL, FL 33543 TITLE

12. I hereby certify that the information supplied with this filling does not qualify 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 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 ambowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attactoping with an apdress, with all gifter like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP