2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008956

FILED May 03, 2004 Secretary of State

Entity Name: TAMPA WILDCATS RED FASTPITCH SOFTBALL, INC.

Current Principal Place of Business: New Principal Place of Business: LISA GRANT 4903 BAY CREST DRIVE 17316 LYNNETTE DRIVE TAMPA, FL 33615 LUTZ, FL 33549 **New Mailing Address: Current Mailing Address:** KAREN FLACH 4903 BAY CREST DRIVE TAMPA, FL 33615 FEI Number: 11-3662475 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: GRANT, LISA FLACH, KAREN 17316 LYNNETTE DRIVE 4903 BAY CREST DRIVE TAMPA, FL 33615 LUTZ, FL 33549 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: KAREN FLACH 05/03/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: D/P () Change () Addition () Delete BRUNK, ROGER A Name: Name: 687 CRANTERBURY ROAD Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: D/S Title: D/S (X) Change () Addition () Delete GRANT, LISA Name: WAKEFIELD, NIKKI Name: Address: 17316 LYNNETTE DRIVE Address: 4903 BAY CREST DRIVE City-St-Zip: LUTZ, FL 33549 City-St-Zip: TAMPA, FL 33615 Title: D/T () Delete Title: () Change () Addition FLACH, KAREN J Name: Name: 4903 BAY CREST DRIVE Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: SUMMER, LARRY Name: 3949 56TH AVENUE NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33714 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition FORBES, CRAIG Name: Name: 13320 CAIN ROAD Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: Title: () Delete Title: (X) Change () Addition FLACH, RAYMOND J ROSE, DAVE Name: Name: Address: 4903 BAY CREST DRIVE Address: 8201 BOULDER PLACE TAMPA, FL 33615 TAMPA, FL 33615 City-St-Zip: 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: KAREN FLACH D/T 05/03/2004