

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000770

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: TAMPA EXTREME BASKETBALL, INC.

## Current Principal Place of Business:

18935 WOOD SAGE DRIVE  
TAMPA, FL 33647

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 48903  
TAMPA, FL 33647

## New Mailing Address:

18935 WOOD SAGE DRIVE  
TAMPA, FL 33647

FEI Number: 36-4519684      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

PACHOLKE, LAURA J  
18935 WOOD SAGE DRIVE  
TAMPA, FL 33647      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: LAURA PACHOLKE

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PACHOLKE, AARON J  
Address: 18935 WOOD SAGE DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete  
Name: KEOUGH, MIKE  
Address: 3125 LAKE SAXON DR  
City-St-Zip: LAND O' LAKES, FL 34639

Title: 2VP (X) Delete  
Name: PACHOLKE, LAURA  
Address: 18935 WOOD SAGE DR  
City-St-Zip: TAMPA, FL 33647

Title: T (X) Delete  
Name: BODE, LAURA  
Address: 2104 CLIMBING IVY DR  
City-St-Zip: TAMPA, FL 33618

Title: S (X) Delete  
Name: PERKINS, GINA  
Address: 17532 EDINBURG DR  
City-St-Zip: TAMPA, FL 33647 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PACHOLKE, LAURA  
Address: 18935 WOOD SAGE DR  
City-St-Zip: TAMPA, FL 33647

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 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: LAURA PACHOLKE

VP

02/03/2009

Electronic Signature of Signing Officer or Director

Date