2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2008
Secretary of State

DOCUMENT# N03000002182

Entity Name: THE BOONE SPORTS LEGACY BOARD, INC.

Current Principal Place of Business:

2000 SOUTH MILLS AVE.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

924 N. MAGNOLIA AVENUE
SUITE 320
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 57-1166744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTER, THOMAS J MR.
924 N. MAGNOLIA AVENUE
SUITE 320
ORLANDO, FL 32803 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	( ) Delete
Name:	PORTER, THOMAS J	
Address:	924 N MAGNOLIA AVENUE, SUITE 320	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VP	( ) Delete
Name:	SMITH, RANDY	
Address:	2811 KEYSTONE DRIVE	
City-St-Zip:	ORLANDO, FL 32806	
Title:	T	( ) Delete
Name:	BURDEN, JOHN	
Address:	1389 WALD ROAD	
City-St-Zip:	ORLANDO, FL 32806	
Title:	S	( ) Delete
Name:	UNCAPHER, SUSANNE	
Address:	1625 PINE BLUFF AVENUE	
City-St-Zip:	ORLANDO, FL 32806	

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 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: THOMAS J. PORTER P 01/19/2008

Electronic Signature of Signing Officer or Director — Date