

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003917

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: PREDATOR BASEBALL, INC.

**Current Principal Place of Business:**

9327 WELLINGTON PARK CIRCLE  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

9327 WELLINGTON PARK CIRCLE  
TAMPA, FL 33647 US

**New Mailing Address:**

FEI Number: 58-2676317      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:**

**Name and Address of New Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 SREET, 4TH FLOOR  
MIAMI, FL 33145 US

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: DPT ( ) Delete  
Name: LAWSON, MATTHEW A  
Address: 9327 WELLINGTON PARK CIRCLE  
City-St-Zip: TAMPA, FL 33647 US

Title: VP ( ) Delete  
Name: PAYNE, JACK  
Address: 5915 BRICKLEBERRY LANE  
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: SD ( ) Delete  
Name: WOODY, CHRIS  
Address: 9302 HERITAGE OAK COURT  
City-St-Zip: TAMPA, FL 33647 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:

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: MATTHEW LAWSON

DPT

06/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date