2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004295

Entity Name: MANDARIN FOOTBALL LEAGUE INC.

FILED May 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5302 CAMELOT FOREST DRIVE 11250 OLD ST AUGUSTINE RD #15-337 JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32257 **Current Mailing Address: New Mailing Address:** 5302 CAMELOT FOREST DRIVE 11250 OLD ST AUGUSTINE RD #15-337 JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32257 FEI Number: 20-0020924 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: SHEPHERD, KARIM 5302 CAMELOT FOREST DRIVE JACKSONVILLE, FL 32258 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHEPHERD, KARIM Name: Name: Address: 5302 CAMELOT FOREST DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: FANT, MICHAEL Name: Address: 5281 OXFORD CREST DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: STD () Delete Title: () Change () Addition TIENCKEN, DENISE Name: Name: 9965 DOVERTAIL COURT N Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CHAPMAN, MARTI Name:

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.

Address:

City-St-Zip:

SIGNATURE: DENISE TIENCKEN MRS. 05/07/2004

10653 MULRANY GLEN COURT

JACKSONVILLE, FL 32256

Address:

City-St-Zip: