


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009734 1. Entity Name SOUTH FLORIDA STORM BASKETBALL, INC.	
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Principal Place of Business 315 S MAYA PALM DRIVE BOCA RATON, FL 33432	Mailing Address 315 S MAYA PALM DRIVE BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0379229	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MATTFOLK, JEFFREY D 315 S MAYA PALM DRIVE BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jeffrey D. Mattfolk Jeffrey D. Mattfolk, Director 3/10/05
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTFOLK, JEFFREY D 315 S MAYA PALM DRIVE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKE, JON 330 NW 53RD STREET BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALERICO, HENRY 765 ALAMANDA STREET BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey D. Mattfolk 3/10/05 561-347-1246
(PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Daytime Phone #