

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009734

FILED  
Sep 01, 2008  
Secretary of State

**Entity Name:** SOUTH FLORIDA STORM BASKETBALL, INC.

**Current Principal Place of Business:**

315 S MAYA PALM DRIVE  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

315 S MAYA PALM DRIVE  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 20-0379229      **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:**

MATTFOLK, JEFFREY D  
315 S MAYA PALM DRIVE  
BOCA RATON, FL 33432      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: D      ( ) Delete  
Name: MATTFOLK, JEFFREY D  
Address: 315 S MAYA PALM DRIVE  
City-St-Zip: BOCA RATON, FL 33432

Title: D      ( ) Delete  
Name: WILKE, JON  
Address: 330 NW 53RD STREET  
City-St-Zip: BOCA RATON, FL 33487

Title: D      ( ) Delete  
Name: TALERICO, HENRY  
Address: 765 ALAMANDA STREET  
City-St-Zip: BOCA RATON, FL 33486

**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: HENRY TALERICO

D

09/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date