


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90041 031 \*\*\*\*61.25

<b>DOCUMENT # N03000009907</b> 1. Entity Name <b>BLACK KNIGHT FOUNDATION, INC.</b>			
Principal Place of Business <del>3930 RCA BLVD</del> <del>3001</del> <b>PALM BEACH GARDENS, FL 33410</b>		Mailing Address <del>3930 RCA BLVD</del> <del>3001</del> <b>PALM BEACH GARDENS, FL 33410</b>	
2. Principal Place of Business - No P.O. Box # <b>11390 North Jog Road</b>		3. Mailing Address <b>11390 North Jog Road</b>	
Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc. <b>Suite 101</b>	
City & State <b>Palm Beach Gardens, FL</b>		City & State <b>Palm Beach Gardens, FL</b>	
Zip <b>33418</b>		Zip <b>33418</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>PLAYER, MARC</b> <del>3930 RCA BLVD</del> <del>SUITE 3001</del> <b>PALM BEACH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent Name <b>MARC B Player</b> Street Address (P.O. Box Number is Not Acceptable) <b>11390 North Jog Road</b> <b>Suite 101</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418</b>	
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 <u><i>Max Player</i></u> DATE <u>4/17/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>PLAYER, MARC B</b> <input type="checkbox"/> Delete <del>3930 RCA BLVD STE 3001</del> <del>PALM BEACH GARDENS, FL 33410</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>Player, Marc B</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11390 North Jog Road Suite 101</b> <b>Palm Beach Gardens, FL 33418</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <b>POKORNY, JAMES R</b> <input type="checkbox"/> Delete <del>3660 LANDER RD.</del> <del>PEPPER PIKE, OH 44124</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <b>Player, James R</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8401 Chagrin Road Suite 16</b> <b>Chagrin Falls, OH 44023</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE: <u><i>Max Player</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/17/08</u> Daytime Phone # _____	