

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90093 016 ****61.25

DOCUMENT # N03000011122					
1. Entity Name MASTERS BASKETBALL - NATIONAL CHAMPIONSHIPS, INC.					
Principal Place of Business 4207 NW 75TH AVENUE CORAL SPRINGS, FL 33065			Mailing Address 4207 NW 75TH AVENUE CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0584330	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HULETT, DAVID L 4207 NW 75TH AVE POMPANO BEACH, FL 33065			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINSON, MICHAEL <input checked="" type="checkbox"/> Delete 9551 W SAMPLE RD POMPANO BEACH, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S RULE-HEINRICH, MARILYN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 224 NW 93 rd AV CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HULETT, DAVID L <input type="checkbox"/> Delete 4207 NW 75TH AVE. CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULETT, DAVID L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4207 NW 75TH AV CORAL SPRINGS, FL. 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUCK, JERRY <input checked="" type="checkbox"/> Delete 12099 NW 25TH ST CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARSHALL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11765 W. ATLANTIC CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORSFALL, JOSEPH <input type="checkbox"/> Delete 50 LOCK RD DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C, P HORSFALL, JOSEPH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 LOCK RD. DEERFIELD BEACH, FL. 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, DAVID <input type="checkbox"/> Delete 7037 N MORRISTOWN RD SHELBYVILLE, IN 46176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T ROSS, DAVID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7037 N. MORRISTOWN RD SHELBYVILLE, IN 46176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORENCE, KEVIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2202 NW 102 TERRACE CORAL SPRINGS, FL. 33071	
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, with all other like empowered.					
SIGNATURE: <u>David L. Hulett</u> DAVID L. HULETT 1/10/08 954-439-4395 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					