

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


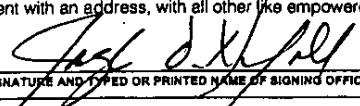
DOCUMENT # N03000011122 1. Entity Name MASTERS BASKETBALL - NATIONAL CHAMPIONSHIPS, INC.					
Principal Place of Business 4207 NW 75TH AVENUE CORAL SPRINGS, FL 33065			Mailing Address 4207 NW 75TH AVENUE CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 20-0584330				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HULETT, DAVID L 4207 NW 75TH AVE POMPANO BEACH, FL 33065			7. Name and Address of New Registered Agent 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>					
Amended AR is \$61.25		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	DS RULE-IEINRICH, MARILYN 224 NW 93RD AVE POMPANO BEACH, FL 33071	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700132794527 11/10/08--01066--012 ***61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULETT, DAVID L 4207 NW 75TH AVE. CORAL SPRINGS, FL 33065	<input checked="" 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	D BROWN, MARSHALL 11765 W ATLANTIC POMPANO BEACH, FL 33071	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11/1/13	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HORSFALL, JOSEPH 50 LOCK RD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HORSEFALL JOSEPH 50 LOCK RD DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSS, DAVID 7037 N MORRISTOWN RD SHELBYVILLE, IN 46176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROSS, DAVID 7037 N MORRISTOWN RD SHELBYVILLE, IN 46176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORENCE, KEVIN 2202 NW 102 TERR POMPANO BEACH, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CP CRAWFORD, EDWARD 6065 PARKLANDS BOULEVARD CLEVELAND, OH 44134	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 11/5/2008 Daytime Phone # 954-312-1202		

FILED
08 NOV 10 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272008 Chg-NP CR2E037 (12/06)

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Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	