## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATUR

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # N03000011122 08 NOV 10 PH 12: 17 MASTERS BASKETBALL - NATIONAL CHAMPIONSHIPS, INC. ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4207 NW 75TH AVENUE 4207 NW 75TH AVENUE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10272008 Chg-NP CR2E037 (12/06) City & State City & State FEI Number 20-0584330 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HULETT, DAVID L Street Address (P.O. Box Number is Not Acceptable) 4207 NW 75TH AVE POMPANO BEACH, FL 33065 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. T171 E Delete TITLE ■ Addition NAME RULE-IEINRICH, MARILYN STREET ADDRESS 224 NW 93RD AVE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33071 CITY-ST-ZIP ☐ Change D TITLE Delete TITLE Addition HULETT, DAVID L NAME NAME 4207 NW 75TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP Change TITLE ☐ Addition TITLE MAME BROWN, MARSHALL NAME STREET ADDRESS 11765 W ATLANTIC STREET ADDRESS POMPANO BEACH, FL 33071 CITY-ST-ZIF CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE HORSFALL, TOSEPHL 50 LOCK RD HORSFALL, JOSEPH NAME 50 LOCK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP Delete TITLE Change Addition TITLE ROSS, DAVID NNWOTRISTONNRD 7037 N MORRISTOWN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHELBYVILLE, IN 46176 CITY-ST-ZIP Delete Addition FLORENCE, KEVIN NAME NAME STREET ADDRESS 2202 NW 102 TERR STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33071 CITY-ST-ZIP 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 eath; 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.

2008

954.312.1202

## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000011122  1. Entity Name MASTERS BASKETBALL - NATIONAL CHAMPIONSHIPS, INC.									
Principal Place of Business Mailing Address									
						1 18 <b>5</b> (185) BU <b>57 (83</b> (1	ESIR DESIN SOLON IN DE SILVE SILVE DAL		
Principal Place of Business - No P.O. Box #     3. Mailing Address				·					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10272008 Ch	g-NP CR2E037	7 (12/06)	
City & State		Cit	City & State			4. FEI Number 20-0584330	)	Applied For Not Applicable	
Zip	Country	Zij	P	Country		5. Certificate of Sta		8.75 Additional ee Required	
Neme and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent Name				
				Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
				City				Zip Code	
9. The shows	named ontity submits this s	atoment for the nurr	nose of changing its re		renisterer	d agent or both in t	FL he State of Florida Lam to		
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 Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent algent anguired when reinstating)  DATE									
Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution.						5.00 May Be Added to Fees	Make check Florida Depart		
10.	OFFICE	IS AND DIRECTORS		11.	AC	DDITIONS/CHANGE	S TO OFFICERS AND DIR		
TITLE NAME			Delete	TITLE L	BOLF	AND, JAN	NES .	Change Addition	
STREET ADORESS CITY-ST-ZIP				STREET ADDRESS City-St-Zip	6064 CNEI	5 PARKLA VELAND	ND BOULEV	ARD	
TITLE		<u> </u>	☐ Delete	TITLE L	BROO	KINS, VI	NCE (A) IND BOULEV	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				STREET ADORESS CITY-ST-ZIP		,6 PARKLA /ELAND,	OH 44134	AKD	
TITLE			☐ Delate	ти Д	CRAY	UFORD, M	ATTHEW	Change Addition	
NAME STREET ADORESS				NAME STREET ADDRESS	6065	5 ARKHA	NDBOULEY	ARL	
CITY-SI-ZIP			<u> </u>	CITY-ST-ZIP	CKE	VELAND,	OH 44124		
TITLE NAME			☐ Delete	TITLE LA NAME	F061	ARTYLYA	TRICK (D)	Change Addition	
STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP	ChE	VELANK	OH 44G	.V/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
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NAME				NAME Street adoress	6010	5 PARKI	AND BOULE	VARL '	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	Che	EVELAND	S, OH 4413	4-	
TITLE			☐ Delete	TITLE ST	BRI	ENKUS,	ER!	Change Addition	
NAME STREET ADDRESS				STREET ADDRESS		5 MAKKL	FUE ROOFE	EVARA	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information									
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changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: SIGNATURE AND THED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR ORDINATOR OFFICER OR DIRECTOR									
	<del></del>		/						