

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011122

FILED  
Aug 28, 2009  
Secretary of State

**Entity Name:** MASTERS BASKETBALL - NATIONAL CHAMPIONSHIPS, INC.

**Current Principal Place of Business:**

6065 PARKLAND BLVD  
CLEVELAND, OH 44124

**New Principal Place of Business:**

**Current Mailing Address:**

6065 PARKLAND BLVD  
CLEVELAND, OH 44124

**New Mailing Address:**

**FEI Number:** 20-0584330      **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:**

HORSFALL, JOSEPH D  
50 LOCK RD  
DEERFIELD BEACH, FL 33442      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: CP      ( ) Delete  
Name: CRAWFORD, EDWARD  
Address: 6065 PARKLAND BOULEVARD  
City-St-Zip: CLEVELAND, OH 44174

Title: D      ( ) Delete  
Name: HORSFALL, JOSEPH  
Address: 50 LOCK RD  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D      ( ) Delete  
Name: ROSS, DAVID  
Address: 7037 N MORRISTOWN RD  
City-St-Zip: SHELBYVILLE, IN 46176

Title: D      (X) Delete  
Name: FLORENCE, KEVIN  
Address: 2202 NW 102 TERR  
City-St-Zip: POMPANO BEACH, FL 33071

Title: D      ( ) Delete  
Name: BOLAND, JAMES  
Address: 6065 PARKLAND BOULEVARD  
City-St-Zip: CLEVELAND, OH 44124

Title: D      ( ) Delete  
Name: BROOKINS, VINCE  
Address: 6065 PARKLAND BOULEVARD  
City-St-Zip: CLEVELAND, OH 44124

**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:

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: EDWARD CRAWFORD

DIR

08/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date