

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002508

FILED
Aug 28, 2008
Secretary of State

Entity Name: JACKSONVILLE NETS BASKETBALL ORGANIZATION INC.

Current Principal Place of Business:

5302 CAMELOT FOREST DR
JACKSONVILLE, FL 32258

New Principal Place of Business:

4528 SUMMER HAVEN BLVD
JACKSONVILLE, FL 32258

Current Mailing Address:

5302 CAMELOT FOREST DR
JACKSONVILLE, FL 32258

New Mailing Address:

4528 SUMMER HAVEN BLVD
JACKSONVILLE, FL 32258

FEI Number: 76-0753235 **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:

SHEPHERD, KARIM
5302 CAMELOT FOREST DR
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

SHEPHERD, KARIM
4528 SUMMER HAVEN BLVD S
JACKSONVILLE, FL 32258 US

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: BRIDGET SHEPHERD

08/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEPHERD, KARIM
Address: 5302 CAMELOT FOREST DR
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD () Delete
Name: BROWN, DAREYL
Address: 7450 BURDI RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: ED () Delete
Name: SALTER, APRIL M
Address: 2623 MOORESFIELD LANE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHEPHERD, KARIM
Address: 4528 SUMMER HAVEN BLVD S
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP (X) Change () Addition
Name: BROWN, DAREYL
Address: 7450 BURDI RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: SHEPHERD, BRIDGET L
Address: 4528 SUMMER HAVEN BLVD
City-St-Zip: JACKSONVILLE, FL 32258

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: BRIDGET SHEPHERD

D

08/28/2008

Electronic Signature of Signing Officer or Director

Date