2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 8:00 am Secretary of State DOCUMENT # N04000006243 05-02-2006 90194 022 ****61.25 THE BRADENTON GLADIATORS FOOTBALL, INC. Principal Place of Business Mailing Address 202 13TH AVENUE EAST **POST OFFICE BOX 2276** BRADENTON, FL 34208 ONECO, FL 34264-2276 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302006 Chg-NP CR2E037 (4/06) City & State City & State 4. FEI Number 51-0510315 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGORY S. HAGOPIAN P.A. Street Address (P.O. Box Number is Not Acceptable) 1106 6TH AVENUE WEST, SUITE 204 **BRADENTON, FL 34205** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filling Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE ☐ Delete TITLE ☐ Change Ken Burton, JR SWEETING, EDRICK NAME NAME Palvetto, FL 34021 STREET ADDRESS P.O. BOX 1732 STREET ADDRESS CITY-ST-ZIP ONECO, FL 34264 CITY-ST-7IP ППЕ ☐ Delete TITLE 14 Addition Change charles S. Lee STARLING, EDDIE -NAME NAME 4713 PINNACIE DRIVE 6110 64TH DRIVE EAST STREET ADDRESS STREET ADDRESS Bradonton, FL CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition JOHNSON, PATRICIA NAME NAME STREET ADDRESS 4498 SANIBEL WAY STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 CITY - ST- 7IP TITLE Detete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TTLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 oath; that I am an officer or director of the corporation or the receiver or trustee amproveded 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 attac SIGNATURE:

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