2007 NOT-FOR-PROFIT CORPORATION

Jun 28, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N05000005076 06-28-2007 90001 019 ****61 25 HILAND PARK BASEBALL, INC. Principal Place of Business Mailing Address 2117 SHERMAN AVENUE PO BOX 35212 PANAMA CITY, FL 32405 PANAMA CITY, FL 32412 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06272007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 56-2509507 Applied For Not Applicable Zip Country 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 Name ROBY, JANICE Street Address (P.O. Box Number is Not Acceptable) 5920 JOHN PITTS RD PANAMA CITY, FL 32404 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 prigted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE X Delete Addition Janice Roby 5920 John Pitts Rd DAVIS, RONALD S NAME NAME 314 LAKESIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CALLAWAY, FL 32404 CITY-ST-ZIP Panama City, FL 32404 Delete TITLE TITLE **X** Addition CONN, MICHAEL H Rick Holmes NAME HAME 905 Kraft Ave 1007 EAST 3RD CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP PANAMA CITY, FL 32401 CITY-ST-ZIP Panama City, FL 32401 TITLE X Delete TITI F Change Addition Stacie Pleas NAME ROBY, JANICE 5920 JOHN PITTS RD STREET ADDRESS STREET ADORESS 3625 E 7th St CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-7IP Panama City, FL 32401 ☐ Delete TITLE XX Addition Merial Bailey NAME MAME STREET ADDRESS STREET ADDRESS 1008 E 2nd5+ CITY-ST-ZIP CITY-ST-ZIP FL 32401 TITLE Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MARIE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME