

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008178

FILED
Feb 19, 2008
Secretary of State

Entity Name: PLAYMAKER CHARITIES AND FOUNDATION, INC.

Current Principal Place of Business:

2100 SALZEDO ST
SUITE 303
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2100 SALZEDO ST
SUITE 303
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 01-0841886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARLEY, III, FRANK E ESQ
3450 LAKESIDE DR.
SUITE 110
MIRIMAR, FL 33027 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: D P () Delete
Name: IRVIN, MICHAEL
Address: 1340 S. MAIN ST, SUITE 301
City-St-Zip: GRAPEVINE, TX 76051

Title: D O () Delete
Name: MARLEY, III, FRANK E ESQ
Address: 3450 LAKESIDE DRIVE SUITE 110
City-St-Zip: MIRIMAR, FL 33027

Title: D T () Delete
Name: CARPENTER, DENNIS
Address: 1340 S. MAIN STREET SUITE 301
City-St-Zip: GRAPEVILE, TX 76051

Title: D S () Delete
Name: LOWENSTEIN, ELLIOT I
Address: 2100 SALZEDO ST. SUITE 303
City-St-Zip: CORAL GABLES, FL 33134

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:

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: ELLIOT LOWENSTEIN

DS

02/19/2008

Electronic Signature of Signing Officer or Director

Date