2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

06 SEP -8 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000012161

1. Entity Name
PSL BASEBALL INC.

Principal Place of Business	Mailing Address
1648 SE BURGUNDY LANE PORT SAINT LUCIE, FL 34952	1648 SE BURGUNDY LANE PORT SAINT LUCIE, FL 34952

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08202006 Chg-NP CR2E037 (4/06)

4. FEI Number 56-2555316 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'BRIEN, MICHAEL L 1648 SE BURGUNDY LANE PORT ST LUCIE, FL 34952	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

400079730494
09/12/06--01063--008 **70.00

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	O'BRIEN, MICHAEL L	NAME	George M. Shabareck III
STREET ADDRESS	1648 SE BURGUNDY LANE	STREET ADDRESS	334 SE STRAIT AVE.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	CITY-ST-ZIP	PSL, Fl 34983
TITLE	VP ☐ Delete	TITLE	D- ☐ Change ☒ Addition
NAME	O'BRIEN, VERONICA ANN	NAME	Erin SHABARECK
STREET ADDRESS	1648 SE BURGUNDY LANE	STREET ADDRESS	334 SE STRAIT AVE.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	CITY-ST-ZIP	PORT SAINT LUCIE, FL. 34983
TITLE	S ☐ Delete	TITLE	D. ☐ Change ☒ Addition
NAME	BRUBAKER, MATT	NAME	Cathy Turner
STREET ADDRESS	653 TIMBERDOODLE TRAIL	STREET ADDRESS	2289 SE LEITHGOW St.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	CITY-ST-ZIP	PORT SAINT LUCIE, Fl. 34952
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	David Hertz
STREET ADDRESS		STREET ADDRESS	2919 SW CARPENTER ST.
CITY-ST-ZIP		CITY-ST-ZIP	PORT SAINT LUCIE, Fl. 34984
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	Jim Rich
STREET ADDRESS		STREET ADDRESS	6422 Verdi Ct.
CITY-ST-ZIP		CITY-ST-ZIP	Port Saint Lucie, Fl. 34986
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	Brian Spencer
STREET ADDRESS		STREET ADDRESS	714 SE Atlantus AVE.
CITY-ST-ZIP		CITY-ST-ZIP	PORT SAINT LUCIE, Fl. 34983

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.

SIGNATURE: Michael L. O'Brien President 8/23/06 (772) 215-0281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/8 ab