

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012161

FILED
Aug 20, 2008
Secretary of State

Entity Name: PSL BASEBALL INC.

Current Principal Place of Business:

1648 SE BURGUNDY LANE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1648 SE BURGUNDY LANE
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 56-2555316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

O'BRIEN, MICHAEL L
1648 SE BURGUNDY LANE
PORT ST LUCIE, FL 34952 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: O'BRIEN, MICHAEL L
Address: 1648 SE BURGUNDY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP (X) Delete
Name: O'BRIEN, VERONICA ANN
Address: 1648 SE BURGUNDY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: SHABARECK, ERIN
Address: 334 SE STRAIT AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: SHABARECK, GEORGE III
Address: 334 SE STRAIT AVE.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D () Delete
Name: HENTZ, DAVE
Address: 2549 SW CARPENTER
City-St-Zip: PORT ST LUCIE, FL 34984

Title: T (X) Delete
Name: TURNER, CATHY
Address: 2289 SE LEITHGOW ST.
City-St-Zip: PORT ST LUCIE, FL 34952

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:

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: MICHAEL L OBRIEN

P

08/20/2008

Electronic Signature of Signing Officer or Director

Date