## 2008 NOT-EOD-DDOELT

## **FILED** Apr 25, 2008 8:00 am Secretary of State

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DOCUMENT # N07000008100 TEAM JAMAICA BASKETBALL, INC. 40002000 Principal Place of Business Mailing Address 20106 NW 28TH CT 20106 NW 28TH CT MIAMI GARDENS, FL 33056 MIAMI GARDENS, FL 33056 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072008 Chg-NP CR2E037 (12/06) \_ City & State\_ City & State\_ Applied For Not Applicable Zip \$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 SMART, KENNETH 20106 NW 28 CT Street Address (P.O. Box Number is Not Acceptable) MIAMI GARDENS, FL 33056 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State -10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DIR ☐ Delete TITLE Addition ☐ Change SMART, KENNETH NAME NAME 20106 NW 28 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI GARDENS, FL 33056 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ■ Addition DUNKLEY, JULIAN NAME NAME STREET ADDRESS 1900 FRONTAGE RD, #1607 STREET ADDRESS CITY-ST-ZIP CHERRY HILL, NJ 08034 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STERLING-ANGUS, ENID NAME STREET ADDRESS 26 BEVERLY AVE STREET ADDRESS SOMERSET, NJ 08873 CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STERLING, JANNETT NAME NAME STREET ADDRESS 13081 SW 54 CT STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP TITLE ☐ Delete ☐ Chappe ☐ Addition PETERKIN, TREVOR NAME NAME STREET ADDRESS 21 DINEEN STREET STREET ADDRESS CITY-ST-ZIP SPRINGFIELD, MA 01104 CITY-ST-ZIP TITLE DIR ☐ Delete TITLE ■ Addition RODNEY, ROBERT NAME NAME STREET ADDRESS 170-30 130TH AVENUE, SUITE 10A STREET ADDRESS CITY-ST-ZIP JAMAICA, NY 11434 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chepter 1-19. Floride 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 61.) Floride 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OF