

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 17, 2011**  
**Secretary of State**

DOCUMENT# N10000006521

**Entity Name:** SOUTH FLORIDA DOLPHINS ADULT AMATEUR FOOTBALL TEAM INC.**Current Principal Place of Business:**855 N.W. 155 LANE, APT 207  
MIAMI, FL 33169**New Principal Place of Business:**2900NW157ST  
MIAMI, FL 33054**Current Mailing Address:**855 N.W. 155 LANE, APT 207  
MIAMI, FL 33169**New Mailing Address:**2900NW157ST  
MIAMI, FL 33054**FEI Number:** 27-3112142**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PARKER, LARRY  
855 N.W. 155 LANE, APT 207  
MIAMI, FL 33169 US**Name and Address of New Registered Agent:**PARKER, LARRY  
2900NW157  
MIAMI, FL 335054 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: \_\_\_\_\_

11/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PARKER, LARRY  
Address: 2900NW157ST  
City-St-Zip: MIAMI, FL 33169

Title: O  
Name: LARRY, PARKER  
Address: 2900NW157ST  
City-St-Zip: MIAMI, FL 33054

Title: O  
Name: LARRY, PARKER  
Address: 2900NW157ST  
City-St-Zip: MIAMI, FL 33054

Title: O  
Name: SABRINA, TAYLOR  
Address: 2900NW157ST  
City-St-Zip: MIAMI, FL 33054

Title: D  
Name: LARRY PARKER  
Address: 2900NW157ST  
City-St-Zip: MIAMI, FL 33054

I hereby 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 all other like empowered.

SIGNATURE: LARRY PARKER

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11/17/2011

Electronic Signature of Signing Officer or Director

Date