2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

| DOCUMENT # N18278 1. Entity Name EAST BAY LITTLE LEAGUE, INC. | | | | | | | | | 04-25-20 | 07 90 | 0189 03 | 4 ****7 | 70.00 | 0 |
|--|---|---|-----------------|---|---|---|-------------|--|-----------------|----------|-----------------------|-------------------|-------------------------|--|
| Principal Place of Business 13010 BULLFROG CREEK RD RIVERVIEW, FL 33569 | | | P0 E | Mailing Address PO BOX 2395 RIVERVIEW, FL 33569 | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mai | 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Su | Suite, Apt. #, etc. | | | | 04202007 | Chg-NP | | CR2E | 37 (12/0 | 06) | |
| City & State | | | Ci | City & State | | | | 4. FEI Numb | er 2231 | | | | | olied For Applicable |
| Zip | Zip Country | | Zij | Zip | | untry | | 5. Certificate | of Status Des | sired . | R | \$8.75 Fee Rec | | |
| | ~ 6: Name | and Address of Current | t Registere | ed Agent | | | | 7. Name and | Address of | New R | egistered | Agent | | |
| SOTO MI | CHAELB | | | | | Name | | | | | | | | İ |
| SOTO, MICHAEL R 12421 WINDMILL COVE DR. RIVERVIEW, FL 33569 | | | | | | Street Ad | dress (F | P.O. Box Numb | er is Not Acci | eptable | e) | | | |
| | | | | | | City | | | | | FI | Zip | Code | <u> </u> |
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| | a named entity tions of regist | y submits this statement f | or the purp | ose of changing its | register | ed office or r | register | ed agent, or bo | th, in the Stat | e of Fig | orida. I am | ı tamılıar v | with, a | and accept |
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| SIGNATURE | / Y | 5 / m/ C | | | | | | | 7 | 2 | \cap \Box | クン | • | ! |
| SilcaNATURE Signature, typed or grinted namerol registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | | |
| | Signature, typed | per punted rumetos registered agen | ntanottaanapp | psicable. (NOII | E: Hegistere | o Agent signaturi | re required | witen reinstating) | | | DATE | | | |
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12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone &