2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18851

FILED Apr 15, 2009 Secretary of State

Entity Name: BOCA RATON YOUTH BASEBALL, INC. **Current Principal Place of Business: New Principal Place of Business:** 3500 NW BOCA RATON BLVD. #616 BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 3500 NW BOCA RATON BLVD. #616 BOCA RATON, FL 33431 FEI Number: 65-0071553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIESS, DANIELLE D EXECDIR 1270 SW 4TH STREET BOCA RATON, FL 33486 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ZUCKERMAN, P. BENJAMIN Name: Name: 2050 PARKSIDE CIRCLE SOUTH Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: SD () Delete Title: (X) Change () Addition STECKROTH, CATHY Name: Name: AUCAMP, SHEILA Address: 800 DOVER STREET Address: 1225 SW 19TH STREET City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33486 Title: () Delete Title: (X) Change () Addition MORTON, DUNCAN MORTON, DUNCAN Name: Name: 850 SW 4 STREET Address: Address: 1032 PARK AVE City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: BOCA RATON, FL 33486 Title: VD Title: () Change () Addition () Delete Name: BLOOM, DAVE Name: Address: 7736 LA MIRADA DRIVE Address: City-St-Zip: BOCA RATON, FL 33433 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: DANIELLE D. RIESS ED 04/15/2009