FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 23 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38794 (6)

1. Corporation Name
BASEBALL U.S.A. LEAGUES, INC.

Principal Place of Business	Mailing Address
C/O JON AHLBUM 6780 SW 10TH COURT NORTH LAUDERDALE FL 33068	C/O JON AHLBUM 6780 SW 10TH COURT NORTH LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1990
3a. Date of Last Report: 06/17/1994
4. FEI Number: 65-0311916 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AHLBUM, JON
6780 SW 10TH COURT
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JON AHLBUM — 1-15-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	☐ Change ☐ Addition
NAME	HEIDE, CYNTHIA	1.2 NAME	
STREET ADDRESS	1140 NW 31 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	AHLBUM, JON	2.2 NAME	
STREET ADDRESS	6780 SW 10 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	REISMAN, ARTIE	3.2 NAME	P AL ESPER
STREET ADDRESS	10177 SW 53 STREET	3.3 STREET ADDRESS	5877 SW 119 DR AVE
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP	COOPER CITY, FL. 33330
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	SESSNER, BILL	4.2 NAME	
STREET ADDRESS	6537 BLVD OF CHAMPIONS	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	BERENS, DON	5.2 NAME	
STREET ADDRESS	6801 NW 17TH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	☐ Change ☐ Addition
NAME	ROWLAND, DAVE	6.2 NAME	
STREET ADDRESS	11602 SW 50TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JON AHLBUM — 1-15-95 — 305-974-5886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040312