FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 5-18-95 P 6782 C

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

APPROVED AND FILED

'95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46818** (3)

1. Corporation Name:

SOUTH TAMPA YOUTH BASEBALL, INC.

Principal Place of Business	Mailing Address
2127 W ML KING JR BLVD TAMPA FL 33607	2127 W ML KING JR BLVD TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1992	3a. Date of Last Report: 08/26/1994
4. FEI Number: 59-3102915	☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCAGLIONE JR, PETER
2127 W ML KING JR BLVD
TAMPA FL 33607

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TP	11 TITLE	☐ Change ☐ Addition
NAME	PEREZ, ALLAN	12 NAME	
STREET ADDRESS	2127 W ML KING JR BLVD	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, LIONEL	22 NAME	
STREET ADDRESS	2127 W ML KING JR BLVD	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	MICHAEL PROVENZANO ☐ Change ☐ Addition
NAME	~~SCAGLIONE, BELIN~~	32 NAME	
STREET ADDRESS	~~2127 W ML KING JR BLVD~~	33 STREET ADDRESS	2127 W. M.L. KING JR. BLVD
CITY ST ZIP	~~TAMPA FL~~	34 CITY ST ZIP	TAMPA FL. 33607
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	TORRES, MICHAEL	42 NAME	
STREET ADDRESS	2127 W ML KING JR BLVD	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	PROVENZANO, MICHAEL	52 NAME	
STREET ADDRESS	2127 W ML KING JR BLVD	53 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: Michael Torres 5/15/95 813/8758573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0053731

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 1[illegible] [illegible]:15
[illegible] FLORIDA

DOCUMENT # N47269 (8)

1. Corporation Name

PROJECT BLACK CINEMA, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 565 SARASOTA FL 34230	P.O. BOX 565 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0311747 ☐ 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 1359 [illegible]	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Sarasota FL	City & State 28
Zip 24 34234 · Country 25 USA	Zip 29 · Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNETT, W. L. CHE 4180 47TH ST. SARASOTA FL 34235	81 Name: Barnett W.L. Che 82 Street Address (P.O. Box Number is Not Acceptable): 3254 Clark Drive 83 84 City: Sarasota FL 85 Zip Code: 3423[illegible]

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 W.L. Che Barnett — W.L. Che Barnett — Apr [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	DP ☒ Change ☐ Addition
NAME	BARNETT, W. L. CHE	12 NAME	Barnett, W.L. Che
STREET ADDRESS	4180 47 ST.	13 STREET ADDRESS	3254 Clark Drive
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	Sarasota, FL 34234
TITLE	DV	21 TITLE	DV ☒ Change ☐ Addition
NAME	STEPHENS, CHARLES R. J	22 NAME	Stephens, Charles R., Jr.
STREET ADDRESS	2401 8TH ST	23 STREET ADDRESS	2401 8th St. #6
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	Sarasota, FL 34237
TITLE	DS	31 TITLE	DT ☒ Change ☐ Addition
NAME	MCADAMS, MACEO	32 NAME	Harvey, Trevor
STREET ADDRESS	4180 47TH ST	33 STREET ADDRESS	1880 6th Street
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	Sarasota, FL 34236
TITLE	DT	41 TITLE	DS ☒ Change ☐ Addition
NAME	MCGILL, CHRISTOPHER	42 NAME	Gunnells, Melanie S.
STREET ADDRESS	275 HERONS RUN DR	43 STREET ADDRESS	2244 Lockwood Meadows Way
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	Sarasota, FL 34237
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	BATTIE, JEAN	52 NAME	McAdams, Maceo
STREET ADDRESS	1825 EDGEWATER DR.	53 STREET ADDRESS	3254 Clark Drive
CITY ST ZIP	SARASOTA FL	54 CITY ST ZIP	Sarasota, FL 34234
TITLE	D	61 TITLE	D ☐ Change ☒ Addition
NAME	DAVIS, SHEILA	62 NAME	Oldham, Vickie
STREET ADDRESS	1485 21 ST.	63 STREET ADDRESS	5522Forester Pond Drive
CITY ST ZIP	SARASOTA FL	64 CITY ST ZIP	Sarasota, FL 34243

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)(k), Florida Statutes. I further certify that the information indicated on the 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: W.L. Che Barnett W.L. Che Barnett — 813-957-7944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063117