2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N46818 1. Entity Name

FILED
May 22, 2003 8:00 am
Secretary of State
05-22-2003 90141 001 ****61.25

WELLSWO	OD PONY BASEBALL, INC.							
Principal Place of Business 2127 W ML KING JR BLVD TAMPA FL 33607		Mailing Address TONY SALADINO JR. 2906 W. OSBORNE AVE. TAMPA FL 33614				Jigar olgra Bri		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\dashv	CHECK HERE IF MAKING CHANGES			
				_				
City & State Chippa, FL		City & State		4. FEI Number 59-	·3102915		oplied For ot Applicable	
Zip 336	Country V.S.	Zip	Country	5. Certificate of Sta		8.75 Add ee Require		
	6. Name and Address of Current F	Registered Agent		7. Name and Addre	ess of New Registered A	gent		
COACHON	IT OFTED ID		Name					
	NE, PETER JR IL KING JR BLVD 33607		Street Add	ress (P.O. Box Number is No	ot Acceptable)			
IAWI ATE			City		FL	Zip Cod	le	
	named entity submits this statement for ons of registered agent.	the purpose of changing it	s registered office or re	gistered agent, or both, in th	ne State of Florida. I am fa	miliar with,	and accept	
SIGNATURE _	<u> </u>							
, , , , , , , , , , , , , , , , , , ,	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature r	equired when reinstating)	DATE			
, F	ILE NOW: FEE IS \$61.25		mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Departi			
10.	OFFICERS AND DIR	ECTORS	T 11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	V 10	
	PPD 	□ Delete	TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change		
	SALADINO, TONY JR.		NAME				☐ Addition	
	2906 W. OSBORNE AVE. TAMPA FL 33614		STREET ADDRESS CITY-ST-ZIP					
	VPD	□ Delete	TITLE			Change	Addition	
NAME	PEREZ, JACK M		NAME		•	_ ,		
	15112 CONTOY PLACE		STREET ADDRESS	_				
ì	TAMPA FL 33618 SD		CITY-ST-ZIP			Change	- Addition	
TITLE NAME	DELOBO, LELIA CCII a	☐ Delete	TITLE NAME			☐ Change	Addition	
	10314 CARROL COVE PLACE		STREET ADDRESS				}	
	TAMPA FL 33612		CITY-ST-ZIP					
	STD イ/ト	☐ Delete	TITLE			☐ Change	Addition	
	SALA DINO, HELEN		NAME CTREET ADDRESS					
	2906 W. OSBORNE AVE TAMPA FL 33614		STREET ADDRESS CITY-ST-ZIP					
	PD	☐ Delete	TITLE			☐ Change	Addition	
	PRADO, JUAN C	□ Delete	NAME			c.xgo		
STREET ADDRESS	6625 VAN DYKE ROAD		STREET ADDRESS					
CITY-ST-ZIP	LUTZ FL 33558		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. I hereby co	ertify that the information supplied with	this filing does not qualify fo	or the exemption stated	in Section 119.07(3)(i), Flor	ida Statutes. I further certi	fy that the i	information	

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:

1 16103

813-264-9239