2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005
Secretary of State

DOCUMENT# N93000000071

Entity Name: FLORIDA BASKETBALL & VOLLEYBALL ASSOCIATION, INC.

Current Principal Place of Business:

1626 S. CONWAY RD.
STE B
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

PO BOX 561420
ORLANDO, FL 328561420

New Mailing Address:

FEI Number: 59-3160213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BASILE, JOHN J
708-E SOUTH CONWAY RD.
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

BASILE, JOHN J
3208 INVERNESS COURT
ORLANDO, FL 32806 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: _____ 06/20/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GERST, RICHARD
Address: 5113 HEATHERSTONE DR
City-St-Zip: KISSIMMEE, FL 34758

Title: DT ( ) Delete
Name: HOFMA, EDWARD
Address: 3806 WILDWOOD AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: NORRIS, COLLEEN K.
Address: 2325 DOULTON DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete
Name: NICKELS, ANDREW
Address: 5111 MILLSTREAM ROAD
City-St-Zip: OCOEE, FL 34734

Title: PD ( ) Delete
Name: BASILE, JOHN J
Address: 708-5 SOUTH CONWAY BLVD
City-St-Zip: ORLANDO, FL 32807

Title: D ( ) Delete
Name: RICKMAN, WAYNE
Address: 2600 TIMBERLAKE DR
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LITCHFORD, JODY
Address: 1003 RIDGECREST RD
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN J BASILE PD 06/20/2005
Electronic Signature of Signing Officer or Director — Date