2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000299

Entity Name: NORTHERN SPORTS LEAGUE, INC.

FILED Sep 04, 2006 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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5275 NW 181 TERR 5275 NW 181 TERR

CAROL CITY, FL 33055 CAROL CITY, FL 33055 US

Current Mailing Address: New Mailing Address:

5275 NW 181 TERR 5275 NW 181 TERR

CAROL CITY, FL 33055 US

FEI Number: 65-0388462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: Name and Address of New Registered Agent:

TYNES, EDWARD L 5275 NW 181 TERR CAROL C ITY, FL 33055 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:

Clashrania Gianakura of Davishrand Araut

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: TYNES, EDWARD L TYNES, EDWARD L

 Address:
 5275 NW 181 TERR
 Address:
 5275 NW 181 TERR

 City-St-Zip:
 CAROL CITY, FL
 City-St-Zip:
 CAROL CITY, FL 33055 US

Title: D () Delete Title: D (X) Change () Addition

Name: JACKSON, ARTHOR Name: BURDEN, PRINCE

Address: 9310 SW 6TH STREET Address: 2261 SOUTH SHERMAN CIRCLE #501-A

City-St-Zip: PEMBROKE PINES, FL City-St-Zip: MIRAMAR, FL 33025 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 MORRISON, GENE
 Name:
 MORRISON, GENE

 Address:
 3762 NW 176 TERR
 Address:
 3762 NW 176 TERR

 City-St-Zip:
 CAROL CITY, FL 33055
 City-St-Zip:
 CAROL CITY, FL 33055 US

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD L. TYNES D 09/04/2006