


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90064 024 \*\*\*\*61.25

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # N93000000299</b> |  |
| <b>1. Entity Name</b>          |   |
| NORTHERN SPORTS LEAGUE, INC.   |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b>            | <b>Mailing Address</b>                        |
| 5275 NW 181 TERR<br>CAROL CITY FL 33055<br>US | 5275 NW 181 TERR<br>CAROL CITY FL 33055<br>US |

|   |                           |
|---|---------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.       |

|                         |                         |
|-------------------------|-------------------------|
| <b>City &amp; State</b> | <b>City &amp; State</b> |
| Zip                     | Country                 |

|   |                                       |
|---|---------------------------------------|
| <b>4. FEI Number</b>                    | <b>Applied For</b>                    |
| 65-0388462                              | Not Applicable                        |
| <b>5. Certificate of Status Desired</b> | <b>\$8.75 Additional Fee Required</b> |
| <input type="checkbox"/>                |                                       |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b>     |
| TYNES, EDWARD L<br>5275 NW 181 TERR<br>CAROL CITY FL 33055 |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL Zip Code  |

**8. 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. I am familiar with, and accept the obligations of registered agent.**

|  |             |
|--|-------------|
| <b>SIGNATURE</b>   | <b>DATE</b> |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |             |

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | <b>9. Election Campaign Financing<br/>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|--|--|

| <b>10. OFFICERS AND DIRECTORS</b>          |                 |
|--|-----------------|
| <b>TITLE</b>                               | <b>NAME</b>     |
| D  | TYNES, EDWARD L |
| 5275 NW 181 TERR                           |                 |
| CAROL CITY FL 33055                        |                 |
| <input type="checkbox"/> Delete            |                 |
| <b>TITLE</b>                               | <b>NAME</b>     |
| D  | BURDEN, PRINCE  |
| 2261 SOUTH SHERMAN CIRCLE #501-A           |                 |
| MIRAMAR FL 33025                           |                 |
| <input type="checkbox"/> Delete            |                 |
| <b>TITLE</b>                               | <b>NAME</b>     |
| D  | MORRISON, GENE  |
| 3762 NW 176 TERR                           |                 |
| CAROL CITY FL 33055                        |                 |
| <input checked="" type="checkbox"/> Delete |                 |
| <b>TITLE</b>                               | <b>NAME</b>     |
| D  | GAINES, JULIET  |
| 20046 NW 65th COURT                        |                 |
| MIAMI LAKES FL 33015                       |                 |
| <input type="checkbox"/> Delete            |                 |
| <b>TITLE</b>                               | <b>NAME</b>     |
|  |                 |
| <input type="checkbox"/> Delete            |                 |
| <b>TITLE</b>                               | <b>NAME</b>     |
|  |                 |
| <input type="checkbox"/> Delete            |                 |

| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                 |                 |
|--|-----------------|
| <b>TITLE</b>   | <b>NAME</b>     |
|  |                 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                 |
| <b>TITLE</b>   | <b>NAME</b>     |
|  | BURDEN, PRINCE  |
|  | 2460 W. 5th AVE |
|  | MIAMI FL 33010  |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                 |
| <b>TITLE</b>   | <b>NAME</b>     |
|  |                 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                 |
| <b>TITLE</b>   | <b>NAME</b>     |
|  |                 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                 |
| <b>TITLE</b>   | <b>NAME</b>     |
|  |                 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                 |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

|  |                 |
|--|-----------------|
| <b>SIGNATURE:</b>  | <b>DATE</b>     |
| Edward L. Tynes  | 1/29/07         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Daytime Phone # |