

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 11, 2009**  
**Secretary of State**

DOCUMENT# N93000000299

**Entity Name:** NORTHERN SPORTS LEAGUE, INC.**Current Principal Place of Business:**5275 NW 181 TERR  
CAROL CITY, FL 33055 US**New Principal Place of Business:****Current Mailing Address:**5275 NW 181 TERR  
CAROL CITY, FL 33055 US**New Mailing Address:****FEI Number:** 65-0388462**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TYNES, EDWARD L  
5275 NW 181 TERR  
CAROL CITY, FL 33055 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** TYNES, EDWARD L  
**Address:** 5275 NW 181 TERR  
**City-St-Zip:** CAROL CITY, FL 33055 US**Title:** D ( ) Delete  
**Name:** BURDEN, PRINCE  
**Address:** 2460 W. 5TH AVE.  
**City-St-Zip:** HIALEAH, FL 33010 US**Title:** D ( ) Delete  
**Name:** TYNES, VALERIE  
**Address:** 5275 NW 181 TERRACE  
**City-St-Zip:** CAROL CITY, FL 33055 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 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

05/11/2009

Electronic Signature of Signing Officer or Director

Date