

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2009
Secretary of State

DOCUMENT# N93000002392

Entity Name: ALL SPORTS COMMUNITY SERVICE, INC.

Current Principal Place of Business:

4071 N. HIMES AVE.
SUITE 195
TAMPA, FL 33614 US

New Principal Place of Business:

4511 N. HIMES AVE.
SUITE 195
TAMPA, FL 33614 US

Current Mailing Address:

P.O. BOX 271506
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 59-3184150 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:

KEYS, TYRONE P
4511 N HARRIS
SUITE 195
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

KEYS, TYRONE P
4511 N. HIMES
SUITE 195
TAMPA, FL 33614 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: TYRONE KEYS

10/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: KEYS, TYRONE
Address: 4511 N. HIMES AVE, STE. 195
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: BUBLEY, MARTIN A
Address: 3820 NORTHDAL BLVD.,STE. 312-B
City-St-Zip: TAMPA, FL 33624

Title: DP () Delete
Name: BUBLEY, DANIEL B
Address: 3820 NORTHDAL BLVD.,STE. 312-B
City-St-Zip: TAMPA, FL 33624

Title: VP () Delete
Name: MOORE, CARNELL
Address: ONE TAMPA CITY CENTER
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: TURNER, SUSAN DR
Address: 702 S. FIELDING
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: ULM, SCOTT
Address: 2966 N. DALE MABRY HWY.
City-St-Zip: TAMPA, FL 33622

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:

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: TYRONE KEYS

ED

10/02/2009

Electronic Signature of Signing Officer or Director

Date