## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SECRETARY OF STATE DOCUMENT # N45000004705 TALLAHASSEE. FLORIDA YOM BROWN PARK LITTLE MAJOR 04 MAR -1 PM 2: 07 LEAGUE ASSOCIATION DO NOT WRITE IN THIS SPACE **700030462437** 03/15/04--01026--012 \*\*122.50 2. Principal Place of Business 3. Mailing Address POBOX 14798 URIVE EASTERWOOD Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For -339*38*60 TALLAHASSES 1 ALLAHASSEE Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent ARLTON ENFINGER DO NOT WRITE IN THIS SPACE ALLAHASSEE 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. SIGNATURE 9. Election Campaign Financing Make Check Payable to FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State Initial or Amended UBR OFFICERS AND DIRECTORS 10. PRES TITLE TITLE CR2E037B (12/01 Kimberly Enfinger NAME NAME 5320 HIGH COLONY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32317 ٧P TITLE TITLE NAME DEBBIE KARELS NAME STREET ADDRESS 1030 WINFIELD FOREST DR TALLAHASSEE FL 32317 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 3EC. TITLE susan hoæben NAME NAME STREET ADDRESS 1063 WALDEN RA STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TALLAHASSEE FL 32317 CITY-ST-ZIP TITLE TRES TITLE IN THIS SPACE CAROLE KEENAN NAME NAME 3047 HAWKS LANDING PD TALLAHASSEE PL 32309 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PIRECTOR TITLE AUN KHODES NAME STREET ADDRESS 6711 CHEUY WA CITY-ST-ZIP CITY-ST-ZIP AGISAS TALLAHASSEE TITLE TIT1E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

FLORIDA DEPT OF STATMENT DIV. OF CORPORATIONS.

RE: TOM BROWN PARK LITTLE MAJOR LEAGUE ASSOCIATION N95000004705

TO WHOM IT MAY CONCERN:

PLEASE BE ADUISED THAT THE PRIOR
BOARD OF THIS ORGANDARATION DID NOT PAY
THE ANNUAL FEE NOR DID THEY FORWARD
STATEMENT FOR SAME TO THE NEW BOARD.
AS A RESULT THE CURRENT BOARD WAS
UNAWARE OF THE FEE DUE AND REQUESTS
THE REINSTATISMENT FEE BE WAIVED AND
THE ABOUE ASSOCIATION REINSTATED UPON
PAYMENT OF THE AUNUAL FEES FOR 2003
\$ 2004.

THAUK YOU.

Kimbercy Enfincer PRESIDENT