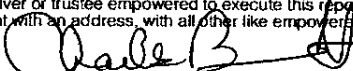


FILED
Apr 16, 2004 8:00 am
Secretary of State

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DOCUMENT # N96000002352				Secretary of State 04-16-2004 90047 019 ****61.25	
1. Entity Name JACKSONVILLE BEACH BASEBALL ASSOCIATION, INC.					
Principal Place of Business 361 PENMAN ROAD JACKSONVILLE, FL 32250		Mailing Address POST OFFICE BOX 50042 JACKSONVILLE, FL 32250			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3370216	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAKOFKA, LESTER ESQUIRE 1200 RIVERPLACE BOULEVARD SUITE 812 JACKSONVILLE, FL 32207			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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WARD, ROBERT		NAME		
STREET ADDRESS	510 13TH AVE S		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MCNULTY, JIM		NAME	McNulty, Tim	
STREET ADDRESS	2127 OSPREY POINT D WEST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	MARKUS, JULIE		NAME	SD Lisa Farmer	
STREET ADDRESS	1018 N. 15TH AVENUE		STREET ADDRESS	14225 Falcon Crest Drive	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	TD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	FARMER, STEVE		NAME	TD Charles Berndt	
STREET ADDRESS	1929 19TH ST N		STREET ADDRESS	1807 Evans Drive South	
CITY-ST-ZIP	JACKSONVILLE, FL 32230		CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				4/13/04 904-313-4588	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	