1. Entity Na	JMENT # N96000 0	005793	100	7	CALCAGO A A A STATE OF THE STAT		
UNITED FOOTBALL LEAGUE, INC.					02 DEC 23 PM 3: 55		
		Mailing Address					
4009 COBIA COURT PALMETTO FL 34221		4009 COBIA COURT PALMETTO FL 34221			TALLAHASSEE.	AGIRIDA	
مبس					I niin n iini ar iik ha ikh na kh ariik i		1 8 (8 8 17) (1 8 8)
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		REINS	PATERNE	SFIACE	2002:
City & State		City & State		4. FEI Number	OF 0707000		
Zip	Country	Zip	Country	5. Certificate of		\$8.75 A	lot Applicable
	6. Name and Address of Current F	l Registered Agent	<u> </u>	7. Name and Ad	Idress of New Registered	Fee Requir	ed
			Name				
PALMETT 8. The above	BIA COURT O FL 34221 e named entity submits this statement for ations of registered agent. Signature, typed or printed name of registered agent and account account account and account account account account and account acco	words	Lee F	or registered agent, or both, i			
10.	After September 13, 2002, min. will be \$236.25.	Trust Fund C		\$5.00 May Be Added to Fees		ent of State	e
TITLE	VPD	Delete	11.	ADDITIONS/CHANC	GES TO OFFICERS AND D		
NAME Street address City-St-Zip	BATTLE, TOMMIE 338 MELODY CT FT MYERS FL	ÇA S Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, OZZIE 5387 45TH ST W W PALM BCH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDWARDS, LEE R 4009-COBIA COURT	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12 725 /0		# * 236.2	Addition 5
TITLE	P WILLIAMS, JIM	☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	3184 N.W. 43RD ST LAUDERDALE LAKES FL 33309		STREET ADDRESS CITY-ST-ZIP				
TTLE IAME STREET ADORESS		Delete	TITLE NAME STREET ADDRESS			Change	Addition
ITY-ST-ZIP ITLE IAME TREET ADORESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP			City-ST-ZIP				J

Indicated on this report or 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 SIGNATURE:

SIGNATURE:

- 12/12/02 941-729-36/5