2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006407

FILED Jan 30, 2005 Secretary of State

Entity Name: CHAMPIONSHIP BASKETBALL, INC.

Current F	Principal Place	of Business:	New Principal Place of Business:
	ALEA LANE CHAPEL, FL 3	33543	
Current N	Mailing Addres	ss:	New Mailing Address:
	ALEA LANE CHAPEL, FL 3	33543	
FEI Numbe	r: 59-3554612	FEI Number Applied Fo	() FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of (Current Registered Ag	ent: Name and Address of New Registered Agent:
29443 AZ WESLEY The above	ONRAD P ALEA LANE CHAPEL, FL 3 e named entity te of Florida.		or the purpose of changing its registered office or registered agent, or both,
SIGNATU			
	'I \ ∟.		
		nic Signature of Registe	red Agent Date
		0	red Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address:	Electron S AND DIRECT D (FOSS, CONRA 29443 AZALEA	TORS:) Delete D P	· ·
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron S AND DIRECT D (FOSS, CONRA 29443 AZALEA WESLEY CHAI D (STERNS, RANI 220 SOUTH FR	TORS:) Delete D P L LANE PEL, FL 33543) Delete DY RANKLIN AVE.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address:
	Electron ES AND DIRECT D (FOSS, CONRA 29443 AZALEA WESLEY CHAI D (STERNS, RANI 220 SOUTH FF TAMPA, FL 33 D (PASCHAL, BOI 9023 QUAIL CI	D Pelete D P LANE PEL, FL 33543) Delete DY LANKLIN AVE. 602) Delete BBY REEK DR.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	Electron ES AND DIRECT D (FOSS, CONRA 29443 AZALEA WESLEY CHAI D (STERNS, RANI 220 SOUTH FR TAMPA, FL 33 D (PASCHAL, BOI 9023 QUAIL CI TAMPA, FL 33	Delete D P LANE PEL, FL 33543 Delete DY ANKLIN AVE. 602 Delete BBY REEK DR. 647 Delete RDON TRACE	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 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 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: JEFFREY H. FOSS D 01/30/2005