

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006407

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: CHAMPIONSHIP BASKETBALL, INC.

**Current Principal Place of Business:**

5013 SILVER CHARM TERRACE  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7431  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

FEI Number: 90-0236231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSS, CONRAD P  
5013 SILVER CHARM TERRACE  
WESLEY CHAPEL, FL 33544 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FOSS, CONRAD P  
Address: 5013 SILVER CHARM TERRACE  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D ( ) Delete  
Name: STERNS, RANDY  
Address: 220 SOUTH FRANKLIN AVE.  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: PASCHAL, BOBBY  
Address: 9023 QUAIL CREEK DR.  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: GIBBONS, GORDON  
Address: 277 LEGENDS TRACE  
City-St-Zip: MCDONOUGH, GA 30253

Title: D ( ) Delete  
Name: FOSS, JEFFREY H  
Address: 29443 AZALEA LN.  
City-St-Zip: WESLEY CHAPEL, FL 33543

**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:

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: CONRAD P FOSS

D

01/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date