


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000002031		
1. Entity Name FLORIDA BASEBALL, INC.		

FILED

06 MAY -4 PM 12:45

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



01052006 Chg-NP CR2E037 (11/05)

Principal Place of Business 2219 TEN OAKS DRIVE TALLAHASSEE, FL 32312 US		Mailing Address 2219 TEN OAKS DRIVE TALLAHASSEE, FL 32312 US	
2. Principal Place of Business 3520 Thomasville Rd. Suite, Apt. #, etc. 4th Floor		3. Mailing Address 3520 Thomasville Rd. Suite, Apt. #, etc. 4th Floor	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32309	Country USA	Zip 32309	Country USA

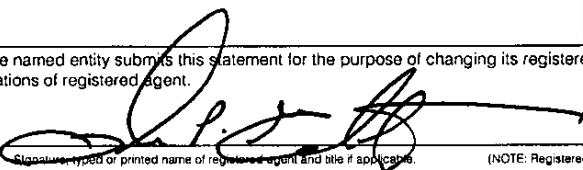
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAMILTON, SCOTT 2219 TEN OAKS DRIVE TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name Shawn Goletz Street Address (P.O. Box Number is Not Acceptable) 3520 Thomasville Rd. 4th Floor City Tallahassee FL Zip Code 32309	
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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)

5-4-06

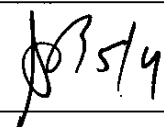
DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

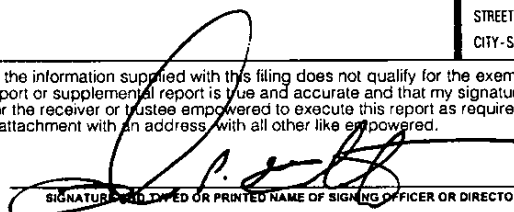
\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICCARDI, JOHN 1633 COPPERFIELD CIR. TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, SCOTT 2219 TEN OAKS DRIVE TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLETZ, SHAWN 3520 THOMASVILLE RD., 4TH FLOOR TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100074325931 05/10/06--01009--005 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leigh Heisinger 3520 Thomasville Rd., 4th Floor Tallahassee, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rick Swaine 3520 Thomasville Rd., 4th Floor Tallahassee, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-06

Date

850-893-4005

Daytime Phone #