

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90038 003 ***150.00

DOCUMENT # **701000039778**

1. Entity Name
BA Sports Productions, Inc.



DO NOT WRITE IN THIS SPACE

40091947

CR2E034B (8/05)

2. Principal Place of Business
1915 SW 28th Street
Suite, Apt. #, etc.

3. Mailing Address
1915 SW 28th ST
Suite, Apt. #, etc.

City & State
OCALA Florida

City & State
OCALA FLorida

4. FEI Number
59-3711367

Applied For
Not Applicable

Zip
34474
Country
marion

Zip
34474
Country
marion

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Brady Ackerman

Street Address (P.O. Box Number is Not Acceptable)
1915 SW 28th ST

City **OCALA** FL Zip Code **34474**

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 **Brady Ackerman**

5/10/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25**

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Brady Ackerman 1915 SW 28th ST OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Brady Ackerman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/06 **352-318-3444**
Date Daytime Phone #

ATTACHMENT

40091947
#P01000039778

This is a Request
For Reinstatement
I Did NOT receive
A Notice this
year - I have
enclosed Last year's
Notice -

Thank you

Brady Ach

BA Sports Productions