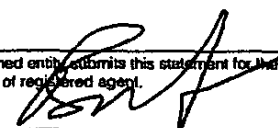


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90041 023 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                                 |                                                                                                                                      |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000016367</b><br>1. Entity Name<br><b>ULTIMATE BASEBALL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                                                 |                                                                                                                                      |  |  |
| Principal Place of Business<br><b>P.O. BOX 1186<br/>JUPITER, FL 33468</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                                                                 | Mailing Address<br><b>P.O. BOX 1186<br/>JUPITER, FL 33468</b>                                                                        |                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |                                                                                                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                            |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                                                                                                                 | City & State                                                                                                                         |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     | Country                                                                                                         |                                                                                                                                      | Zip                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | Country                                                                                                         |                                                                                                                                      | 01192004    Chg-P    CR2E034 (10/03)                                              |  |
| 4. FEI Number<br><b>APPLIED FOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                                                                                 |                                                                                                                                      | Applied For<br><input checked="" type="checkbox"/> Not Applicable                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                                                                 |                                                                                                                                      | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JUSTINE, BRIAN P<br/>4751 MAIN STREET<br/>JUPITER, FL 33458</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                   |  |
| 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  DATE <b>2/11/04</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                                 |                                                                                                                                      |                                                                                   |  |
| Signature, typed or printed name of registered agent and fee if applicable.    (NOTE: Registered Agent signature required when renouncing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                                                                                                 |                                                                                                                                      |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                      |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                                                                                                 |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>JUSTINE, BRIAN P</b><br><b>4751 MAIN STREET</b><br><b>JUPITER, FL 33458</b>          | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>HUTTON, JASON T</b><br><b>4751 MAIN STREET</b><br><b>JUPITER, FL 33458</b>           | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>SHIPLEY, CRIAG</b><br><b>11055 MONET LANE</b><br><b>PALM BEACH GARDENS, FL 33410</b> | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                     | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                     | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                     | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                      |                                                                                   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                                                                                                                 |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                     |                                                                                                                 |                                                                                                                                      |                                                                                   |  |
| SIGNATURE:  DATE <b>2/11/04</b> 561 339 1304                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                                 |                                                                                                                                      |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                                                                 |                                                                                                                                      |                                                                                   |  |

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P02000016367



**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

|||

**Federal Tax ID / EIN**

This is your provisional Employer Identification Number:

**20-0892889**

Today's Date is: March 22, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------|
| <b>Form SS-4</b><br>(Rev. December 2001)<br>Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                        | <b>Application for Employer Identification Number</b><br>(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)<br>▶ See separate instructions for each line. ▶ Keep a copy for your records. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>EIN</b><br>20-0892889<br>OMB No. 1545-0003                                                                  |                 |
| 1* Legal name of entity (or individual) for whom the EIN is being requested<br>Ultimate Baseball Inc.                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                 |
| 2 Trade name of business (if different from name on line 1)                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     | 3 Executor, trustee, "care of" name<br>Brian Justine                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                 |
| 4a* Mailing address (room, apt., suite no. and street, or P.O. box)<br>PO Box 1186                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     | 5a Street address (if different) (Do not enter a P.O. box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                 |
| 4b* City, state, and ZIP code<br>Jupiter FL 33458 - 1186                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     | 5b City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                 |
| 6* County and state where principal business is located<br>County Palm Beach State FL                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                 |
| 7a Name of principal officer, general partner, grantor, owner, or trustee<br>Brian Justine                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     | 7b SSN, ITIN, EIN<br>593-54-0590                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                 |
| 8a* Type of entity (check only one)<br><input type="checkbox"/> Sole Proprietor (SSN)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation (enter form number to be filed) ▶<br><input type="checkbox"/> Personal Service<br><input type="checkbox"/> Church or church-controlled organization<br><input type="checkbox"/> Other nonprofit organization (specify) ▶<br><input checked="" type="checkbox"/> Other (specify) ▶ S Corporation |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Estate (SSN of decedent)<br><input type="checkbox"/> Plan administrator (SSN)<br><input type="checkbox"/> Trust (SSN of grantor)<br><input type="checkbox"/> National Guard<br><input type="checkbox"/> Farmers' cooperative<br><input type="checkbox"/> REMC<br><input type="checkbox"/> Group Exemption NO. (GEN) ▶<br><input type="checkbox"/> State/local government<br><input type="checkbox"/> Federal government/military<br><input type="checkbox"/> Indian tribal government/enterprises |                                                                                                                |                 |
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     | State<br>FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | Foreign country |
| 9* Reason for applying (check only one)<br><input checked="" type="checkbox"/> Started new business (specify type)<br>▶ Baseball Instruction<br><input type="checkbox"/> Hired employees (Check the box and see line 12)<br><input type="checkbox"/> Compliance with IRS withholding regulations<br><input type="checkbox"/> Other (specify) ▶                                                                                                                        |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Banking purpose (specify purpose) ▶<br><input type="checkbox"/> Changed type of organization (specify new type) ▶<br><input type="checkbox"/> Purchased going business<br><input type="checkbox"/> Created a trust (specify type) ▶<br><input type="checkbox"/> Created a pension plan (specify type) ▶                                                                                                                                                                                           |                                                                                                                |                 |
| 10* Date business started or acquired (month, day, year)<br>JUN 1 2002                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     | 11 Closing month of accounting year<br>DEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                 |
| 12 First date wages or annuities were paid or will be paid (month, day, year) Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ JAN 1 2005                                                                                                                                                                                                                                                   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                 |
| 13 Highest number of employees expected in the next twelve months Note: if the applicant does not expect to have any employees during the period, enter "-0-". ▶                                                                                                                                                                                                                                                                                                      |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     | Agriculture<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Household<br>0                                                                                                 | Other<br>0      |
| 14* Check box that best describes the principal activity of your business<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Rental & leasing<br><input type="checkbox"/> Real estate<br><input type="checkbox"/> Other (specify)                                                                                                                                                                                                                   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Transportation & warehousing<br><input type="checkbox"/> Finance & insurance<br><input type="checkbox"/> Health care & social assistance<br><input type="checkbox"/> Accommodation & food service<br><input checked="" type="checkbox"/> Retail<br><input type="checkbox"/> Wholesale-agent/broker<br><input type="checkbox"/> Wholesale-other                                                                                                                                                    |                                                                                                                |                 |
| 15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.<br>Baseball Instructional Video                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                 |
| 16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Note: If "Yes" please complete lines 16b and 16c.                                                                                                                                                                                                                              |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                 |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.<br>Legal name ▶ J Brian Inc<br>Trade name ▶                                                                                                                                                                                                                                                                          |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                 |
| 16c* Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.<br>Approximate date when filed (month, day, year) City and state where filed Previous EIN<br>JAN 1 2001 Jupiter FL 65 - 1074980                                                                                                                                                                                              |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                 |
| Third<br>Party<br>Designee                                                                                                                                                                                                                                                                                                                                                                                                                                            | Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Designee's name<br>Address and ZIP code                                                                                                                |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Designee's telephone number (include area code)<br>( ) -<br>Designee's fax number (include area code)<br>( ) - |                 |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.<br>Name and title (type or print clearly)                                                                                                                                                                                                                                                                 |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     | Applicant's telephone number (include area code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                 |