FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000036225

BASEBALL FANTASY CAMPS, INC.

FILED
Apr 29, 1999 8:00 am
Apr 29, 1999 8:00 am Secretary of State
04-29-1999 90251 043 ***150.00

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Principal Place	e of Business	Mailing Address	Address										
CONSTITUTION	SOUARE	CONSTITUTION SQUARE	CONSTITUTION SQUARE										
2100 CONSTITU		2100 CONSTITUTION BLVD						DO NOT M	DITE IN THIS	CDACE			
SARASOTA FL	34231	Sarasota Fl. 34231 US					DO NOT WRITE IN TH S SPACE 3. Date Incorporated or Qualifed						
US		us					10/	17/1993	:u 				
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Nu nber			_	App led For		
21		26				65-04 13022				Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired				\$8.75 Additional			
22		27				J. Certi			Fee	e Rec	luired		
City & S at	e	City & State				6. Elect	tion Campaign Financin	g 🖂	\$ 5.	00 #	lay Be		
23		28				Trus	t Fund Contribution		Add	ded to	Fees		
Zip	Country	Zip Country				8. This corporation owes the current year Intangible							
24	25	29	30				Pers	onal Property Tax.		☐ Yes	[∃No	
	9. Name and Add ess of Curren	t Registered Agent			_		10. Nam	se and Address of Nev	Registered	Agent			
				81	N	Name							
BRO	wning, robert w Jr					Stroot Addro		ox Number is Not Acce	otable)				
	SECOND ST				Sireet Addre	:SS (F.O. D							
	'E 900 ASOTA FL 34236			83									
				84	C	City			FL	85	Zip C	ode	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	es, the a	bove	e-na	amed corpo	ration sub	mits this statement for th	ne purpose of	changin	g its r	egistered	
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida, Such change was a	authorized	ihν	the	e corporetion	n's board o	of cirectors. I hereby acc	ept the appo	intment a	is reg	istered	
SIGNATURÉ									DATE				
L —	Signature, typed or printed name of registered agen	- 		Agen	ntsig	nature required		TICINS/CHANGES TO (NO DIDE	CTO	S INI 12	
12.		DELETE	13.	nc	_		ADDI	TICHS/CHANGES TO C	JI I ICENS AI	Chai		Addition	
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STREET ADDRESS			6 3 S1	6 3 STREET ADDRESS								İ	

CITY-ST-ZIP 14. 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 annual report or supplemental innual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: