

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90075 004 \*\*\*150.00

DOCUMENT # P96000086498

1. Corporation Name

VOLLEYBALL SCOUTING NETWORK, INC.

Principal Place of Business

7601 E TREASURE DR #1524  
MIAMI BCH FL 33141  
US

Mailing Address

P.O. BOX 416501  
MIAMI BEACH FL 33141-9998  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1996

4. FEI Number

65-0707570

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1735 Cove Lake Rd.

Suite, Apt. #, etc.

2a. Mailing Address

26 1735 Cove Lake Rd.

Suite, Apt. #, etc.

City & State

23 N. Lauderdale, FL

Zip

Country

24 33068 25 USA

City & State

28 N. Lauderdale, FL

Zip

Country

29 33068 30 USA

9. Name and Address of Current Registered Agent

HAGOOD, MATTHEW D  
50 SOUTH SHORE DRIVE APT. 7  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/11/99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D  
NAME HAGOOD, MATTHEW D.  
STREET ADDRESS 7601 E TREASURE DR #1524  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D  
NAME HAGOOD, JOHN S  
STREET ADDRESS 2423 NORTH 154TH STREET  
CITY-ST-ZIP OMAHA NE 68114

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE D  
1.2 NAME Hagood, Matthew D.  
1.3 STREET ADDRESS 1735 Cove Lake Rd.  
1.4 CITY-ST-ZIP N. Lauderdale, FL 33068

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 annual 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

Date

954-956-0300

Daytime Phone #

CR2E034 (11/98)