2501 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P97000067182 CASEY'S BASEBALL DEPOT, INC. 05-10-2001 90224 012 ***150.00 Mailing Address Principal Place of Business 3018 EXPOSITION DRIVE 5850 EDGEWATER DR G8784444 ORLANDO FL 32810 ORLANDO FL 32810 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3492468---Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KETCHERSID, TIFFANY Street Address (P.O. Box Number is Not Acceptable) 3018 EXPOSITION DRIVE ORLANDO FL 32810 Zip Code City FL 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE □ Delete TITLE NAME KETCHERSID, TIFFANY NAME STREET ADDRESS STREET ADDRESS 3018 EXPOSITION DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 ☐ Change ☐ Addition Delete TITLE TITLE NAME FAUGHN, LAURA NAME STREET ADDRESS 3018 EXPOSITION DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 ☐ Addition Change ☐ Delete TITLE TITLE NAME FAUGHN. O'NEIL NAME STREET ADDRESS 3018 EXPOSITION DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32810 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. 1/8/01 (407)290-0045 SIGNATURE: Daytime Phone # PRINTED NAME OF SIGNING OFFICER OR DIRECTOR