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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90020 017 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT,  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000092008**

1. Corporation Name  
**FASTPITCH.COM, INC.**

Principal Place of Business

**20423 STATE RD 7  
STE 101  
BOCA RATON FL 33498  
US**

Mailing Address

**20423 STATE RD 7  
STE 101  
BOCA RATON FL 33498  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/27/1997**

4. FEI Number

**65-0795752**

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 20814 Pebble Creek Ct.**

2a. Mailing Address

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State **Boca Raton, FL**

City & State

24 Zip **33498** 25 Country **Palm Beach**

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **James J. Matthews**

82 Street Address (P.O. Box Number is Not Acceptable)  
**20814 Pebble Creek Ct.**

83

84 City **Boca Raton** FL 85 Zip Code **33498**

11. Pursuant to the provisions of Sections 607.0002 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

*James J. Matthews*  
Signature, typed or printed name of registered agent and title if applicable.

**James J. Matthews President**  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **MATTHEWS, JAMES J**  
STREET ADDRESS **20423 STATE RD, 7, STE 101**  
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **VSD** ☐ DELETE

NAME **MATTHEWS, BETTY A**  
STREET ADDRESS **20423 STATE RD 7, STE 101**  
CITY-ST-ZIP **BOCA RATON FL 33498**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

*James J. Matthews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)