


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90035 024 ***150.00

DOCUMENT # F0300000056			
1. Entity Name MAJOR LEAGUE ALUMNI MARKETING, INC.			
Principal Place of Business 33 SIXTH STREET SOUTH ST. PETERSBURG FL 33701		Mailing Address 33 SIXTH STREET SOUTH ST. PETERSBURG FL 33701	
2. Principal Place of Business 4838 Blagden Avenue, N.W.		3. Mailing Address 5027 Backlick Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Washington, DC 20011		City & State Annandale, VA 22003	
Zip 20011	Country USA	Zip 22003	Country USA
6. Name and Address of Current Registered Agent TORGUSON, CHRISTOPHER 33 SIXTH STREET SOUTH ST. PETERSBURG FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	



MOORE CR2E034 (11/03)

4. FEI Number 25-1604731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEAUER, TOM			NAME			
STREET ADDRESS	1761 DIAMOND MOUNTAIN ROAD			STREET ADDRESS			
CITY-ST-ZIP	CALISTOGA CA 74515			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINFIELD, DAVE			NAME			
STREET ADDRESS	2235 STRATFORD CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	BEL AIR CA 90077			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, SAMUEL N			NAME			
STREET ADDRESS	5027 BACKLICK ROAD			STREET ADDRESS			
CITY-ST-ZIP	ANNANDALE VA 22003			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHANEY, DARRELL			NAME			
STREET ADDRESS	289 SKYLAKE			STREET ADDRESS			
CITY-ST-ZIP	SAUTEE NACOOCHEE GA 30571			CITY-ST-ZIP			
TITLE	VC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKINS, FERGIE			NAME			
STREET ADDRESS	ROUTE 1, BOX 1202			STREET ADDRESS			
CITY-ST-ZIP	GUTHRIE OK 73044			CITY-ST-ZIP			
TITLE	VC	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGRAW, TUG			NAME			
STREET ADDRESS	% 910 PINECROFT ROAD			STREET ADDRESS			
CITY-ST-ZIP	BERWYN PA 19312			CITY-ST-ZIP			

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: Samuel N. Moore (Samuel N. Moore) 3/8/04 (703) 941-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #