2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F03000000056

1. Entity Name



MAJOR LEAGUE ALUMNI MARKETING, INC.					03-12-2004	90035 02	24 ***150.	00
Principal Place	e of Business	Mailing Address			1			
•			ITU					
33 SIXTH STREET SOUTH 33 SIXTH STREET SOUT ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33					1			
Principal Place of Business 3. Mailing Address					1			
4838 Blagden Avenue, N.W.		5027 Backlick Road				i Beili Beili Bell		III BBI WANK
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE	CR2E034	4 (11/03)		
City & State Washington, DC 20011		City & State Annandale, VA 22003		4. FEI Number 25-1604731			oplied For ot Applicable	
Zip	Country	Zip	Count	•	5. Certificate of Status Desired		\$8.75 Add	
20011	USA	22003	L	USA	<u></u>		Fee Require	:d
	6. Name and Address of Current	Registered Agent		Nome	7. Name and Address of New	Registered	Agent	
TOD	SOURCE CURISTOPHED			Name		-	م	-
TORGUSON, CHRISTOPHER 33 SIXTH STREET SOUTH ST. PETERSBURG FL 33701				Street Address (P.O. Box Number is Not Acceptable)				
31.	PETERSBURG FL 33701							
				City	· · · · · · · · · · · · · · · · · · ·	FI	Zip Cod	le
8. The above	named entity submits this statement for	r the purpose of changing its	registere	ed office or register	red agent, or both, in the State of F	orida. I an	n familiar with,	, and accept
the obligat	tions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	1 Agent signature required	d when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								
Afte	r May 1, 2004 Fee will be \$550.00	f State			9. Election Campaign F Trust Fund Contributi	-		00 May Be d to Fees
Afte	r May 1, 2004 Fee will be \$550.00	445 4 44 55	11.			on.	☐ Adde	d to Fees
Afte Make Check	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	445 4 44 55	11.		Trust Fund Contributi	on.	☐ Adde	d to Fees
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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)

(703) 941-1900

FILED

Mar 12, 2004 8:00 am Secretary of State

Daytime Phone #