


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F0300000056

1. Entity Name
MAJOR LEAGUE ALUMNI MARKETING, INC.



Principal Place of Business Mailing Address
1631 MESA AVENUE, SUITE B **5027 BACKLICK RD**
COLORADO SPRINGS CO 80906 **ANNADALE VA 22003**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **25-1604731** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TORGUSON, CHRISTOPHER
TROPICANA FIELD, ONE TROPICANA DR
ST. PETERSBURG FL 33705

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 _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS: \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|-----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SEAVER, TOM | |
| STREET ADDRESS | 1761 DIAMOND MOUNTAIN ROAD | |
| CITY-ST-ZIP | CALISTOGA CA 74515 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WINFIELD, DAVE | |
| STREET ADDRESS | 2235 STRATFORD CIRCLE | |
| CITY-ST-ZIP | BEL AIR CA 90077 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MOORE, SAMUEL N | |
| STREET ADDRESS | 5027 BACKLICK ROAD | |
| CITY-ST-ZIP | ANNADALE VA 22003 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | CHANEY, DARRELL | |
| STREET ADDRESS | 289 SKYLAKE | |
| CITY-ST-ZIP | SAUTEE NACOOCHEE GA 30571 | |
| TITLE | VC | <input type="checkbox"/> Delete |
| NAME | JENKINS, FERGIE | |
| STREET ADDRESS | ROUTE 1, BOX 1202 | |
| CITY-ST-ZIP | GUTHRIE OK 73044 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | MOORE, SAMUEL N | |
| STREET ADDRESS | 5027 BACKLICK RD | |
| CITY-ST-ZIP | ANNADALE VA 22003 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 **Asst. Secretary** **2/5/08** **(703) 941-1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #