



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 120412		2. Name of Corporation UPPER DECK BASEBALL ACADEMY, INC.			
3. Street Address Principal Business Office JOHN DEAN MEMORIAL BOULEVARD			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 401-334-1539		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island BASEBALL INSTRUCTION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRADFORD A. DEAN			Vice President Name MICHAEL V. MILANO		
Street Address 10 JASONS GRANT DRIVE			Street Address 4 EVANS STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name BRADFORD A. DEAN			Treasurer Name MICHAEL V. MILANO		
Street Address 10 JASONS GRANT DRIVE			Street Address 4 EVANS STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name BRADFORD A. DEAN			Director Name MICHAEL V. MILANO		
Street Address 10 JASONS GRANT DRIVE			Street Address 4 EVANS STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	COMMON	NO PAR VALUE	500	COMMON	NONE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**
Check No. **FEB 01 2008**
By: **By 1116**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

BRADFORD A. DEAN 1.10.08
Signature Date
BRADFORD A. DEAN
Print or Type Name
PRESIDENT
Title