

1.) CORPORATION NAME: **NATIONAL FOOTBALL LEAGUE PLAYERS** DUE DATE: **5/31/2013**

INCORPORATED SCC ID NO: **04272951**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CT CORPORATION SYSTEM**
4701 COX RD STE 301
GLEN ALLEN, VA

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1133 20TH ST NW
 ST 600

CITY/ST/ZIP: WASHINGTON, DC 20036

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | |
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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | KEITH GORDON | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 1133 20TH ST NW STE 500 | |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20036 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | IRA FISHMAN | |
| TITLE: | V CHAIRMAN | |
| ADDRESS: | 1133 20TH STREET NW #600 | |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20036 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | STEPHEN M SAXON | |
| TITLE: | SECRETARY | |
| ADDRESS: | 1701 PENN AVE NW STE 1200 | |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20006 | |

| | | |
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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | DEMAURICE SMITH | |
| TITLE: | CHAIRMAN | |
| ADDRESS: | 1133 20TH ST NW STE 500 | |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20036 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | RICHARD BERTHELSEN | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 1133 20TH ST NW #600 | |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20036 | |

| | | | |
|-----------------|----------------------|----------------------------------|--|
| NAME: | SAM POWERS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1133 20TH ST NW | | |
| | SUITE 500 | | |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20036 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|-----------|
| /s/ KEITH GORDON | KEITH GORDON, PRESIDENT | 5/30/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.