

1.) CORPORATION NAME: Virginia Beach Volleyball Academy	DUE DATE: 11/30/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHRISTOPHER SMITH 754 CASUAL CT VIRGINIA BEACH, VA	SCC ID NO: 07158868
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2020 Landstown Centre Way CITY/ST/ZIP: VA BEACH, VA 23456	
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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.

NAME: MICHAEL ROBERTS TITLE: OFFICER ADDRESS: 1753 LAKE CHRISTOPHER DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23464	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JASON SEAFORD TITLE: DIRECTOR ADDRESS: 313 GATEWOOD AVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CHERYL SMITH TITLE: DIRECTOR ADDRESS: 754 CASUAL COURT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: RANDY WEST TITLE: DIRECTOR ADDRESS: 4109 EASTHAM RD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23453	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

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/ MICHAEL ROBERTS	MICHAEL ROBERTS, OFFICER	9/26/2014
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.