

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
 04-13-2000 90024 004 ***150.00

DOCUMENT # 583622

1. Entity Name

DAPER TAMPA, INC.

Principal Place of Business

Mailing Address

1408 N. WESTSHORE BLVD.
 1002
 TAMPA FL 33607

13577 FEATHER SOUND
 STE 300
 CLEARWATER FL 33762-5547

2. Principal Place of Business

3. Mailing Address

2903 Rigsby Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Safety Harbor, FL

4. FEI Number

13-2951533

Applied For

Not Applicable

Zip

Country

Zip

Country

34695

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name
 Robert A. Forlizzo

Street Address (P.O. Box Number is Not Acceptable)
 2903 Rigsby Lane

City
 Safety Harbor

FL

Zip Code
 34695

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.

SIGNATURE



Robert A. Forlizzo

4/6/00

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME PD
 STREET ADDRESS SIMON, DAVID H.
 CITY-ST-ZIP 924 WESTWOOD BLVD., # 600
 LOS ANGELES CA 90024

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS HELLER, CECELIA
 CITY-ST-ZIP 85B AMBERLY DRIVE
 ENGLISHTOWN NJ

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS SIMON, MICHAEL
 CITY-ST-ZIP 235 E. 31ST STREET
 NEW YORK NY

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

David H. Simon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

(310) 208-5511

Date

Daytime Phone #

CR2E034 (9/99)