2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39433

FILED Jan 23, 2004 Secretary of State

Entity Name: THE TAMPA BAY ADVERTISING FEDERATION, INC.

Current Principal Place of Business: New Principal Place of Business: 11812-A N 56TH ST TAMPA, FL 33617 US **Current Mailing Address: New Mailing Address:** 11812-A N 56TH ST TAMPA, FL 33617 US FEI Number: 59-3072029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JEFFCOAT, SARAH 11812-A N 56TH STREET TAMPA, FL 33617 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete QUIGLEY, MICHAEL BENNETT, SHANNON Name: Name: 16036 US HIGHWAY 19 NORTH Address: 15310 AMBERLY DR, STE 215 Address: City-St-Zip: CLEARWATER, FL 33764 US City-St-Zip: TAMPA, FL 33647 US Title: () Delete Title: (X) Change () Addition Name: SUTHERLAND, MARC Name: QUIGLEY, MICHAEL Address: 5915 N LYNN AVE Address: 16036 US HIGHWAY 19 NORTH City-St-Zip: TAMPA, FL 33604 City-St-Zip: CLEARWATER, FL 33764 Title: () Delete Title: (X) Change () Addition JEFFCOAT, SARAH JEFFCOAT, SARAH Name: Name: 11812-A N 56TH STREET 11812-A N 56TH STREET Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33617 () Delete Title: TD Title: () Change () Addition Name: CLYDESDALE, BOB Name: Address: 826 21ST AVE Address: SAINT PETERSBURG, FL 33704 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition BENNETT, SHANNON HOLSHOUSER, SUSAN Name: Name: 15310 AMBERLY DR, STE 215 5555 ULMERTON R Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: CLEARWATER, FL 33760 Title: () Delete Title: () Change () Addition PAKSOY, NICOLE Name: Name: 3310 MAIN ST. Address: Address: TAMPA, FL 33606 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH JEFFCOAT MD 01/23/2004