813-886*-5*597

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with-

SIGNATURÉ:

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # N9900006985 1. Entity Name TAMPA BAY RAIDERS, INC. 04-10-2002 90466 007 ****61.25 Principal Place of Business Mailing Address 9423 CORPORATE LAKE DRIVE 9423 CORPORATE LAKE DRIVE TAMPA FL 33634 TAMPA FL 33634 2. Principal Place of Business 3. Mailing Address 9427 COEADRATE LAKE DE 9427 CORPORATE LAKE DO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number TAMPA FI 59-3620573 TAMOA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MOORE, STEVEN W ESQ. 8200 BRYAN DAIRY ROAD **STE 300** City Zip Code **LARGO FL 33777** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **Make Check Payable to** \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change ☐ Addition ☐ Delete TITLE DDE FEST, CHARLES W JR. NAME NAME 9427 GERFORME LAKE DEIVE 9423 CORPORATE LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 TAMPA FL 33634 TITLE ; _ Change ☐ Addition TITLE Delete Delete FEST, ANTHONY C NAME NAME 9423 CORPORATE LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TAMPA FL 33634 TITLE Delêtê TITÍ F Change ☐ Addition MOORE, STEVEN W NAME NAME 8200 BRYAN DAIRY ROAD, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33777** DIRECTOR Addition TITLE ☐ Delete TITLE C. BLETT COOPEL NAME 201 E KENNEDY BUD, SUITE 334 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 is accurate this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if