2005 NOT-FOR-PROFIT CORPORATION

Apr 14, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N99000006985 04-14-2005 90111 030 ****61.25 1. Entity Name TAMPA BAY RAIDERS, INC. Principal Place of Business Mailing Address 9427 CORPORATE LAKE DRIVE 9427 CORPORATE LAKE DRIVE TAMPA, FL 33634 TAMPA, FL 33634 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-3620573 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, STEVEN WESQ. 8200 BRYAN DAIRY ROAD Street Address (P.O. Box Number is Not Acceptable) STE 300 LARGO, FL 33777 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable DATE Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FEST, CHARLES W JR. NAME NAME 9427 CORPORATE LAKE DRIVE STREET ADDRESS STREET ADDRESS TAMPA, FL 33634 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition MOORE, STEVEN W NAME NAME STREET ADDRESS 8200 BRYAN DAIRY ROAD, SUITE 300 STREET ADDRESS CITY-ST-ZIP LARGO, FL 33777 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change COOPER, C. BRETT NAME NAME STREET ADDRESS 201 E. KENNEDY BLVD., SUITE 334 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 true ee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or the changed, or on an attachment with an other like empowers

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-866-5597

Daytime Phone #

FILED