

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112547

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: BLACK KNIGHT VENTURES CORPORATION OF TAMPA

## Current Principal Place of Business:

86 LADOGA AVENUE  
SUITE 1150  
TAMPA, FL 33606

## New Principal Place of Business:

2819 BAYSHORE TRAILS DR  
TAMPA, FL 33611

## Current Mailing Address:

86 LADOGA AVENUE  
SUITE 1150  
TAMPA, FL 33606

## New Mailing Address:

2819 BAYSHORE TRAILS DR  
TAMPA, FL 33611

FEI Number: 20-3302081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEISS, LISA R  
86 LADOGA AVENUE  
SUITE 1150  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

WEISS, LISA R  
2819 BAYSHORE TRAILS DR  
TAMPA, FL 33611 US

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: LISA R. WEISS

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WEISS, ROBERT D  
Address: 86 LADOGA AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: WEISS, LISA R  
Address: 86 LADOGA AVENUE  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WEISS, ROBERT D  
Address: 2819 BAYSHORE TRAILS DR  
City-St-Zip: TAMPA, FL 33611

Title: D (X) Change ( ) Addition  
Name: WEISS, LISA R  
Address: 2819 BAYSHORE TRAILS DR  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA R. WEISS

D

04/29/2007

Electronic Signature of Signing Officer or Director

Date