

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G08090

FILED
Apr 12, 2002 8:00 AM
Secretary of State

Entity Name: TAMPA BAY BASEBALL GROUP, INC.

Current Principal Place of Business:

% J.B. HUMPHRIES
501 E. KENNEDY BLVD. - SUITE 1700
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

% J.B. HUMPHRIES
501 E. KENNEDY BLVD. - SUITE 1700
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-2256432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HIGBEE, ALAN R
ONE MACK CNTR STE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HIGBEE, ALAN R
501 E. KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602 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:

04/12/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCGINTY, EDWARD A
Address: 101 E. KENNEDY BLVD., #200
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: SMITH, GARRY L
Address: 5201 W. KENNEDY BLVD., #506
City-St-Zip: TAMPA, FL

Title: ST () Delete
Name: HUMPHRIES, BOB J
Address: ONE MACK CNTR, STE 1700
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: CUSACK, JAMES J
Address: 501 E. KENNEDY BLVD.
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: MORSANI, FRANK L
Address: 15438 N FLORIDA AVE #204
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: CASPER, JOSEPH
Address: 4908 W NASSAU
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: HUMPHRIES, BOB J
Address: 501 E. KENNEDY BLVD., SUITE 1700
City-St-Zip: TAMPA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. BOB HUMPHRIES

ST

04/12/2002

Electronic Signature of Signing Officer or Director

Date