NOT-FOR-PROFIT CORPORATION

| UNIFORM BUSINE | :55 KEPORT (U | PBK) | | |
|--|---|---|--|--|
| DOCUMENT # 740819 1. Entity Name Tampa Organization of Block Affairs, Inc. | | | FILED 03 HALL SH | |
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| Affairs, Inc. | | | 03 JUN 11 PM 12: 16 | |
| | | | SECTIE WARY OF STATE TALL AHAGSEE, FLORIDA | |
| DO NOT WRITE | IN THIS SPAC | | | C. PLOHIDA |
| 2. Principal Place of Business | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | 3. Mailing Address P.D. B. D.X. 348 Suite, Apt. #, etc. | 5 | IW TON OO | RITE IN THIS SPACE |
| City & State | City & State | · | 4. FEI Number | Applied For |
| Tampa, Horida | Jampa, FL | | 4. FEI Number | Not Applicable |
| 3,3,607 USA | Zip C 3360/ | ountry | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | Name V | 7. Name and Address of Curre | nt Registered Agent |
| DO NOT-W | DITE | - /16 | N Hothony | |
| | | Street Address (I | P.O. Box Number is Not Acceptate N. Howard Are | DIE)* |
| IN THIS SP | ACE | Jam | pa | |
| | | City / | , | FL Zip Code 33607 |
| The above named entity submits this statement for the obligations of registered agent. | the purpose of changing its registe | ered office or register | ed agent, or both, in the state of F | Florida. I am familiar with, and accept |
| SIGNATURE Ken Anthon | d | | | 4/3/03 |
| SIGNATURE Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: Registe | ared Agent signature required | when reinstating) | DATE / |
| FEE IS \$61.25 | 9. Election Campaign | · - | | lake Check Payable to |
| Initial or Amended UBR | Trust Fund Contribu | ution. \square | Added to Fees Fiol | ride Department of State |
| 10. OFFICERS AND DIR | | | (30,000) 4,000 | |
| men Hayana | | TLE AME | | |
| NAME STREET ADDRESS 1101 N. Howard CITY-ST-ZIP Tampa F. 33 | | reet aodress Ty-St-zip | 06/11/0301 | 0775689 042-006 **70.00 |
| TITLE A BOARD ON Dines | A Section of the sect | TLE | | |
| NAME Carolyn Righty STREET ADDRESS 101 N. Howard | | AME | | |
| CITY-ST-ZIP | | | | in the second se |
| 1011-31-21 Jampa, -C. 33 | 60 7 G | reft address Ty-st-zip | | |
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| 10000 | Lon III | TY-ST-ZIP | DO NOT | |
| TITLE ROBERT MORTS OF THE STREET ADDRESS CITY-ST-ZIP Tanpa FL | Ave = 53 33607 | TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP | DO NOT | WRITE |
| TITLE ROBERT MOTTISO. STREET ADDRESS (101 N. Howard | Ave = 55 | TY-ST-ZIP TLE IME REET ADDRESS | DO NOT | WRITE |
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| TITLE NAME ROBERT R | Ave 33607 CI | TY: ST-ZIP TLE AME REET ADDRESS TY: ST-ZIP TLE AME | | WRITE |
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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 to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE: Malanda author Treasurer 6/3/03 8/3-229-5569