

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583622

Entity Name: DAPER TAMPA, INC.

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

1408 N. WESTSHORE BLVD.
#150
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

C/O STEPHEN KUSSNER/GRAY, HARRIS ET AL
201 N FRANKLIN ST, #2200
TAMPA, FL 33602

New Mailing Address:

FEI Number: 13-2951533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUSSNER, STEPHEN
GRAY, HARRIS ET AL
201 N FRANKLIN ST, STE. 2200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMON, DAVID H
Address: 924 WESTWOOD BLVD., # 600
City-St-Zip: LOS ANGELES, CA 90024

Title: D () Delete
Name: HELLER, CECELIA
Address: 3624 APPLEWOOD DRIVE
City-St-Zip: FREEHOLD, NJ 07728

Title: D () Delete
Name: SIMON, MICHAEL
Address: C/O 924 WESTWOOD BLVD. #600
City-St-Zip: LOS ANGELES, CA 90024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SIMON, MICHAEL
Address: C/O DAVID H SIMON 924 WESTWOOD BLVD. #600
City-St-Zip: LOS ANGELES, CA 90024

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: DAVID H. SIMON

PD

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date