

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755458

FILED
Apr 22, 2009
Secretary of State

Entity Name: SUN DOME,INC.

Current Principal Place of Business:

4202 FOWLER AVE., ADM 250
TAMPA, FL 33620 US

New Principal Place of Business:

Current Mailing Address:

4202 FOWLER AVE., ADM 250
TAMPA, FL 33620 US

New Mailing Address:

FEI Number: 59-2051855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASER, SCOTT MR
4202 FOWLER AVENUE
ADM. 250
TAMPA, FL 33620 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: OSCHER, STEVEN S MR
Address: 201 N. FRANKLIN ST. SUITE 3150
City-St-Zip: TAMPA, FL 33602 US

Title: VP () Delete
Name: HAROLD, ASTORQUIZA MR.
Address: 4890 W. KENNEDY BLVD., SUITE 700
City-St-Zip: TAMPA, FL 33609 US

Title: TR () Delete
Name: BROWN, RICHARD L MR
Address: 1810 S. MACDILL AVE, SUITE 4
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: HAROLD, ASTORQUIZA MR.
Address: 8875 HIDDEN RIVER PARKWAY SUITE 115
City-St-Zip: TAMPA, FL 33637 US

Title: TR (X) Change () Addition
Name: BROWN, RICHARD L MR
Address: 2102 WEST CASS STREET 2ND FL
City-St-Zip: TAMPA, FL 33606 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN S. OSCHER

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date