2005 NOT-FOR-PROFIT CORPORATION

Jan 14, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #764035** 01-14-2005 90008 023 ****61.25 SARÁSOTA CONVENTION AND VISTORS BUREAU, INC. Principal Place of Business Mailing Address 50002628 655 N TAMIAMI TRAIL 655 N TAMIAMI TRAIL SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 CR2E037 (10/03) 4. FEI Number 59-2189967 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOVILL, H.-WILLIAM. Street Address (P.O. Box Number is Not Acceptable) 1605 MAIN STREET #912 SARASOTA, FL. 34236 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Florida Department of State Trust Fund Contribution Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. mohammad Charavi ☐ Delete TITLE Change Addition TITI F PIERCE, DAVID NAME 597 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP Change ☐ Delete TITLE ■ Addition TITLE MCMANEMON, JAMES NAME NAME STREET ADDRESS 1111 RITZ-CARLTON DRIVE STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition CUNNINGHAM, SHARON NAME NAME STREET ADDRESS 1030 SEA SIDE DRIVE-STREET ADDRESS SARASOTA, FL 34242 CITY-ST-ZIP CITY-ST-ZIP Delete Delete TITLE ☐ Change ☐ Addition TITLE MOLDAN, HOWARD NAME STREET ADDRESS RENTAL CAR RD STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PICCOLO, FRED NAME NAME STREET ADDRESS 6000 AIRPORT CIRCLE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME RILEY: JAY NAME

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 Block 11 if of the corporation or the receiver o changed, or on an attachment with

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

1924 S. OSPREY AVENUE

SARASOTA, FL 34239

FILED