2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A94000001087

FILED

02 APR 30 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

TAMPA BAY DEVIL RAYS, LTD.

Principal Place of Business	Mailing Address
TROPICANA FIELD, ONE ~~STADIUM~~ DRIVE ST. PETERSBURG FL 33705	TROPICANA FIELD, ONE ~~STADIUM~~ DRIVE ST. PETERSBURG FL 33705

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2002

4. FEI Number 59-3300424 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGGINS, JOHN P TROPICANA FIELD, ONE ~~STADIUM~~ DRIVE ST. PETERSBURG FL 33705	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$82,000,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000032192	STREET ADDRESS	
NAME	NAIMOLI BASEBALL ENTERPRISES,INC.	CITY-ST-ZIP	
STREET ADDRESS	TROPICANA FIELD, ONE ~~STADIUM~~ DRIVE		
CITY-ST-ZIP	ST. PETERSBURG FL 33705		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	800005509968--5
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CITY-ST-ZIP			

CR2E003 (9/01)

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Senior Vice President 4-25-02 727 825 3187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #