B95000V00201

CARLTON FIELDS
(Requestor's Name)

215 S. MONROE STE 500
(Address)

(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 11:05

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. TAMPA BAY ARENA, L.P.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

500001508356
-06/08/95--01044--023
***1846.25 ***1846.25

☑ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☑ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

~~DEPT~~ CUS 8.75
FILING 1750.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 1846.25
R. BANK _____
BALANCE DUE _____
REFUND _____

6/2/95

Examiner's Initials BK

SI(10/92)

Florida Department of State, Jim Smith, Secretary of State

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DIVISION OF CORPORATIONS
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Tampa Bay Arena, L.P.
(Name of limited partnership as it is in the home state;

2. Tampa Bay Arena, Ltd.
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware (State of Formation) 4. May 18, 1995 (Date of Formation)

5. Carlton, Fields, Ward, Emmanuel, Smith & Cutler, P.A., Attn: Paul C. Davis
(Name of Registered Agent for Service of Process)

6. One Harbour Place, Suite 500
(Street Address of Registered Office)

Tampa (City), Florida 33602 (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

(Agent must sign on this line)

8. The Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS	SPECIFIC ADDRESS
Lightning Arena, Inc.	501 E. Kennedy Boulevard Suite 1900 Tampa, Florida 33602

$94000004000125

10. 501 E. Kennedy Boulevard, Suite 1900, Tampa, Florida 33602
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 501 E. Kennedy Boulevard, Suite 1900, Tampa, Florida 33602
(Mailing Address of Limited Partnership)

This 1st day of June, 1995.

LIGHTNING ARENA, INC., General Partner

By: _____
Saburo Oto, President

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

THE FOREGOING instrument was acknowledged and sworn to before me this 1st day of June, 1995, by Saburo Oto, President (Name of General Partner) of of Lightning Arena, Inc.

Tampa Bay Arena, L.P.
(Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

_____
Notary Public

State of _____ at Large

(SEAL) My Commission Expires:

_____

PAUL C. DAVIS
MY COMMISSION # CC 400836
EXPIRES: August 14, 1998
Bonded Thru Notary Public Underwriters

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Saburo Oto, President of Lightning Arena, Inc., a general partner of Tampa Bay Arena, L.P., a (an) Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $ 990,000.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 990,000

This 1st day of June, 19 95

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 11:05

LIGHTNING ARENA, INC.
General Partner

By: _____
Saburo Oto
Its: President

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH
DATE June 1, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Saburo Oto, President of Lightning Arena, Inc. (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 1st day of June, 19 95.

_____
Notary Public

Seal

State of _____ at Large
My Commission Expires:

_____

PAUL C. DAVIS
MY COMMISSION # CC 400235
EXPIRES: August 14, 1998
Bonded Thru Notary Public Underwriters

B95000000201

FOR
ITED PARTNERSHIP

DOCUMENT # B95000000201

1. Name of Limited Partnership

TAMPA BAY ARENA, LTD.

FILED
96 APR 26 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
501 E. Kennedy Blvd.	501 E. Kennedy Blvd.	06/02/1995
Suite Apt # etc Suite 1900	Suite Apt # etc Suite 1900	5. FEI Number 59-3316446 ☐ Applied For ☐ Not Applicable
City & State Tampa FL	City & State Tampa FL	6. CERTIFICATE OF STATUS DESIRED ☐
Zip: 33602 County: USA	Zip: 33602 County: USA	7. State or Country of Formation: FL

8a. Capital Contributions as Shown on Record: $990,000.00

8b. Amount of Capital Contributions in FLORIDA to date

FEES: 1.) Filing Fee(s) Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office
2.) Supplemental Fee(s) $138.75 for each year due this office, beginning with 1992 calendar year
3.) Penalty Fee(s) $500 penalty fee for each year report form is delinquent
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Name and Address of Current Registered Agent

CARLTON FIELDS WARD, ET AL
ATTN: PAUL DAVIS
ONE HARBOUR PLACE, SUITE 500
TAMPA FL 33602

10. If changed, new registered agent/office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite Apt # etc

City FL

800001615686
-05/03/96--01101--011
***1076.25 ***1076.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Number(s))	City, State and Zip Code	11a. Registration Document Number
LIGHTNING ARENA, INC.	501 E. KENNEDY BLVD.	TAMPA FL 33602	P94000040025

REINSTATEMENT 96
AR 4-29

CR2E031 (4/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Frank Sato DATE 4/23/96

Typed or Printed Name of General Partner Signing Form: LIGHTNING ARENA, INC. Telephone Number: (813) 276-7371