DOCUMENT # B9500000201 1. Entity Name							· "		
TAMPA BAY ARENA, LTD. Principal Place of Business Mailing Address						0.	FILED		
						00 AUG -9 PM 2: 45			
401 CHANNELSIDE DRIVE TAMPA FL 33802 Walling Address 401 CHANNELSIDE DRIVE TAMPA FL 33802						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.				•••		DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number Applied For Not Applied For			
Zip Country			Zip Country			5. Certificate of Status Desired Sa.75 Additional Fee Required			
	6. Name and	Address of Current Reg	gistered Agent	ŀ			ddress of New Regis	stered Ag	ent
		_			Name Hugh L	ombardi			
MCGEHEE, WILLIAM R JR. 401 CHANNELSIDE DRIVE				f	Street Address (P.O. Box Number annelside	s Not Acceptable)		<u> </u>
TAMPA FL		_							
				Ì	City Tampa	·		FL	^{Zip} 33802
8. The above	named entity sub	omits this statement for the	e purpose of changing its r	registere		ed agent, or both,	in the State of Florida	l.	
SIGNATURE .	141	A.A. Kon	mbard.				8/4/00	>	·
SIGNATORE .	Signature, typed or prin	nted name of registered agent and to	tle if applicable. (NOTE:	: Registered	Agent signature required	when reinstating)		DATE	
		/				· · · · · · · · · · · · · · · · · · ·	44 MANUE OUTON D	AVADLE TO	O DEDT OF STATE
9. Capital Co as Shown	on record.	\$990,000.00	10. Amount of Capita in FLORIDA to da	al Contrib ate.	outions			IDE FOR	O DEPT. OF STATE FEE INFORMATION
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4. 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

PEANUEL PICEFORGED

7/15/00

(813) 301-6700

Daytime Phone