

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000000610	
1. Entity Name DETROIT TIGERS, INC.	

Principal Place of Business FOX OFFICE CENTER 2211 WOODWARD AVENUE DETROIT, MI 48201-3400	Mailing Address FOX OFFICE CENTER 2211 WOODWARD AVENUE DETROIT, MI 48201-3400
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3060780	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstalling)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ILITCH, MICHAEL 2211 WOODWARD AVENUE DETROIT, MI 482013400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMBROWSKI, DAVID 2211 WOODWARD AVENUE DETROIT, MI 482013400
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1000000193914 01/25/05-80079-017 150.00 DO NOT WRITE IN THIS SPACE

12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>David Dombrowski</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	David Dombrowski	01/18/05 Date	Daytime Phone #
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