2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G08090

FILED Jan 23, 2006 Secretary of State

Entity Name: TAMPA BAY BASEBALL GROUP, INC.

Current P	Principal Place of Business:	New Principal Place of Business:
	N HIGBEE NNEDY BLVD SUITE 1700 °L 33602	
Current Mailing Address:		New Mailing Address:
	N HIGBEE NNEDY BLVD SUITE 1700 :L 33602	
El Number	:: 59-2256432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
SUITE 17(FAMPA, F The above	NNEDY BOULEVARD 00 'L 33602 US	the purpose of changing its registered office or registered agent, or both
SIGNATU	RE:	
	Flactoria Oissatura of Davistana	J.At
	Electronic Signature of Registered	· ·
	mpaign Financing Trust Fund Contribution ().	•
	· · ·	· ·
OFFICER Title: Name: Address:	mpaign Financing Trust Fund Contribution ().	•
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address:	mpaign Financing Trust Fund Contribution (). S AND DIRECTORS: D () Delete MCGINTY, EDWARD A 101 E. KENNEDY BLVD., #200	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:
	mpaign Financing Trust Fund Contribution (). S AND DIRECTORS: D () Delete MCGINTY, EDWARD A 101 E. KENNEDY BLVD., #200 TAMPA, FL D () Delete SMITH, GARRY L 5201 W. KENNEDY BLVD., #506	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Name: Name: Name: Name:	mpaign Financing Trust Fund Contribution (). S AND DIRECTORS: D () Delete MCGINTY, EDWARD A 101 E. KENNEDY BLVD., #200 TAMPA, FL D () Delete SMITH, GARRY L 5201 W. KENNEDY BLVD., #506 TAMPA, FL ST (X) Delete HUMPHRIES, BOB J 501 E. KENNEDY BLVD., SUITE 1700	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	FRANK L. MORSANI	PD	01/23/2006