
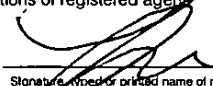
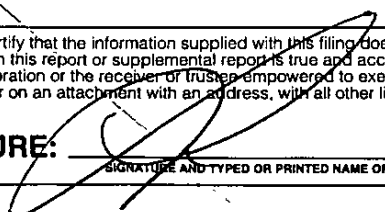


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90161 015 \*\*\*\*61.25

<b>DOCUMENT # N00000007098</b> 1. Entity Name <b>SOUTH TAMPA ATHLETICS, INC.</b>					
Principal Place of Business <b>5400 WESTSHORE BLVD TAMPA, FL 33611</b>				Mailing Address <b>5400 WESTSHORE BLVD TAMPA, FL 33611</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3696092</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, KRISTOPHER E 307 S. BLVD STE D TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent Name <b>Lori Moses</b> Street Address (P.O. Box Number is Not Acceptable) <b>2708 Mock Orange</b> City <b>Valrico</b> <b>FL</b> Zip Code <b>33594</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Director (Lori Moses)		DATE <b>4/6/05</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHULZ, RICHARD</b> <b>3615 BELCHER DRIVE</b> <b>TAMPA, FL 33629</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOSES, LORI F</b> <b>2708 MOCK ORANGE</b> <b>VALRICO, FL-33594</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERNANDEZ, KRISTOPHER E</b> <b>3922 W TACON ST</b> <b>TAMPA, FL 33629</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PIETRO, JOSEPH</b> <b>5400 S WESTSHORE BLVD</b> <b>TAMPA, FL 33611</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, MOSES</b> <b>2708 MOCK ORANGE</b> <b>VALRICO, FL 33594</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 617, 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/6/05</b> Daytime Phone # <b>813-837-1842</b>					