


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90413 009 ****61.25

DOCUMENT # N03000000544	
1. Entity Name TAMPA BAY TECHNOLOGY FORUM, INC.	

Principal Place of Business 3111 W. DR. MARTIN LUTHER KING JR. BLVD SUITE 360 TAMPA, FL 33607	Mailing Address PO BOX 20067 TAMPA, FL 33622-0067
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50012868



2. Principal Place of Business 1511 N. Westshore Blvd. Suite, Apt. #, etc. Suite 400 City & State Tampa FL Zip 33607	3. Mailing Address Suite, Apt. #, etc. City & State Country USA
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02152006 Chg-NP CR2E037 (11/05)

4. FEI Number 51-0444271	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RYBICKI, JACK 3111 W. DR. MARTIN LUTHER KING JR. BLVD SUITE 360 TAMPA, FL 33607	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4890 W. Kennedy Blvd. Suite 110 City Tampa FL 33609 FL Zip Code 33609	
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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 reinstating)

DATE

4-10-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HAFFER, ANDREW 3111 W. DR. MLK JR. BLVD, SUITE 360 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1511 N. Westshore Blvd. Suite 400 Tampa FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, GEORGE 302 KNIGHTS RUN AVENUE, SUITE 800 TAMPA, FL 336025954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIBENEDDETTO, TONY 600 N. WESTSHORE BLVD, SUITE 800 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4830 W. Kennedy Blvd Suite 890 Tampa FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYBICKI, JACK 4890 W. KENNEDY BLVD, SUITE 110 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTISS, DEBRA 9417 CORPORATE LAKE DRIVE TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDY HAFER

4-10-06

Date

813-341-8283

Daytime Phone #