

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000001547**

1. Entity Name  
**NEW TAMPA SHARKS, INC.**



Principal Place of Business

**17819 OSPREY POINTE PLACE  
TAMPA, FL 33647**

Mailing Address

**17819 OSPREY POINTE PLACE  
TAMPA, FL 33647**



01092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3718231**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
1840 SW-22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000000782148  
01/15/08-80063-008 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME WALLACE, MICHAEL P  
STREET ADDRESS 17819 OSPREY POINTE PLACE  
CITY-ST-ZIP TAMPA, FL 33647

TITLE D  
NAME GAZZILLO, JOE  
STREET ADDRESS 17819 OSPREY POINTE PL  
CITY-ST-ZIP TAMPA, FL 33647

TITLE D  
NAME WARNER, ANDREW  
STREET ADDRESS 17819 OSPREY POINTE PLACE  
CITY-ST-ZIP TAMPA, FL 33647

TITLE S  
NAME SICILIANO, MARY JANE  
STREET ADDRESS 11819 OSPREY POINTE PL.  
CITY-ST-ZIP TAMPA, FL 33647

TITLE T  
NAME SICILIANO, MARK  
STREET ADDRESS 17819 OSPREY POINTE PLACE  
CITY-ST-ZIP TAMPA, FL 33647

TITLE VP  
NAME STILLEY, DAVE  
STREET ADDRESS 17819 OSPREY POINTE PL  
CITY-ST-ZIP TAMPA, FL 33647

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IN THIS SPACE**

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 live empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/08**  
Date

**813  
765-0707**  
Daytime Phone #