## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED **DOCUMENT # N03000007737** TAMPA BAY INTERNATIONAL DRAGON BOAT RACES. 04 OCT -6 AM 9: 18 INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4427 W KENNEDY BLVD STE 375 4427 W KENNEDY BLVD STE 375 TAMPA, FL 33609 TAMPA, FL 33609 2. Principal Place of Business 3. Mailing Address 00 S. Ash Suite, Apt. #, etc. Suite, Apt. #, etc 03052004 Chg-NP CR2E037 (10/03) City & State Applied For 4. FEI Numbe Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANELLI, DENNIS E ESQ. 100 S ASHLEY DR STE 1900 Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33602 City Zip Code 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 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. President/ TIBLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change NAME NAME Moron STREET ADDRESS STREET ADDRESS ROF Sen CITY-ST-ZIP CITY-ST-ZIP e 51000 +/D Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS S. Field STREET ADDRESS CTTY: ST-ZIP-. CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME timique STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 3606 Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NASSE STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP 12. Thereby 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. SIGNATURE:

B