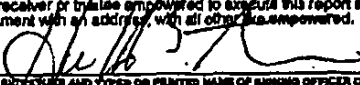


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90226 027 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N09968			
1. Entity Name TAMPA TELECOM PARK OWNERS ASSOCIATION, INC.			
Principal Place of Business 3003 TAMAMI TRAIL N STE. 400 NAPLES, FL 34103		Mailing Address 3003 TAMIAM TRAIL NORTH SUITE 400 NAPLES, FL 34103 US	
2. Principal Place of Business One East Telecom Pkwy.		3. Mailing Address One East Telecom Pkwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33637	Country US	Zip 33637	Country US
4. FEI Number 59-2777938		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UTTER, PATRICK L 3003 TAMAMI TRAIL NORTH STE 400 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD ☒ Delete	TITLE	P/D ☐ Change ☒ Addition
NAME	FLOOD, THOMAS J	NAME	Hal Alter
STREET ADDRESS	3003 TAMAMI TRAIL N, STE. 400	STREET ADDRESS	750 Canyon Dr.
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	Coppell, TX 75019
TITLE	VSD ☒ Delete	TITLE	V/T/D ☐ Change ☒ Addition
NAME	UTTER, PATRICK L	NAME	Franklin Deak
STREET ADDRESS	3003 TAMIAM TRAIL N, STE 400	STREET ADDRESS	One East Telecom Pkwy.
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	Tampa, FL 33637
TITLE	VID ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	CORINA, ROBERT D	NAME	
STREET ADDRESS	3003 TAMIAM TRAIL N, STE 400	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	V/S/D ☒ Change ☐ Addition
NAME	KELLY, CHRIS	NAME	Chris Kelly
STREET ADDRESS	750 CANYON DR.	STREET ADDRESS	750 Canyon Dr.
CITY-ST-ZIP	COPPELL, TX 75019	CITY-ST-ZIP	Coppell, TX 75019
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: 		Date: April 27, 2006 214 285-1927	
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

Hal Alter

(214) 285-1927