2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20694

FILED Apr 30, 2008 Secretary of State

Entity Name: TAMPA BAY SKATING CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 255 FOREST LAKES BLVD OLDSMAR, FL 34677 **Current Mailing Address: New Mailing Address:** 255 FOREST LAKES BLVD OLDSMAR, FL 34677 FEI Number: 59-2822618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANAMARA, PATRICK MCNAMARA, PATRICK 101 E. KENNEDY BLVD SUITE 3400 101 E. KENNEDY BLVD SUITE 3400 ATTN: AT LAW #2350 ATTN: AT LAW #2350 TAMPA, FL 336012350 US TAMPA, FL 336012350 US 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. SIGNATURE: KERRY W. RIEKOFSKI 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EDENS, LYN Name: Name: 469 OLD OAK CIRCLE Address: Address: City-St-Zip: PALM HARBOR, FL City-St-Zip: Title: Title: () Delete () Change () Addition RIEKOFSKI, KERRY W Name: Name: Address: 408 LIAM AVE. Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: () Delete Title: (X) Change () Addition ENDRES, BETH A Name: TUXHORN, TEREASA Name: 2739 VANESSA LANE 2030 CASTILLE DRIVE Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: DUNEDIN, FL 34698 () Delete Title: VPD Title: () Change () Addition Name: MCNAMARA, PATRICK K Name: 5803 GOROON AVE. Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: () Delete Title: () Change () Addition BEALL, MICHAEL Name: Name: 1487 SADDLE WEST Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRY W. RIEKOFSKI T 04/30/2008