2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32321

FILED Feb 12, 2006 Secretary of State

Entity Name: BAY AREA RAIDERS FOOTBALL ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1106 E. HUMPHREY STREET P.O. BOX 18643

TAMPA, FL 33604 US TAMPA, FL 33679 US

Current Mailing Address: New Mailing Address:

P.O. BOX 18643 TAMPA, FL 33679

US

FEI Number: 59-3046854 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:

PLATO, CARLA COHN, RONALD B 6708 HIMES AVENUE 2903 WALLCRAFT AVENUE TAMPA, FL 33611 US TAMPA, FL 33611 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: RONALD B. COHN 02/12/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 BROWN, PAMELA W
 Name:
 HERNANDEZ, BOB

 Address:
 1106 E. HUMPHREY STREET
 Address:
 P.O. BOX 18643

 City-St-Zip:
 TAMPA, FL 33604 US
 City-St-Zip:
 TAMPA, FL 33679 US

Title: CD () Delete Title: VD (X) Change () Addition Name: PEOPLES, DEHARIA Name: BROWN, PAMELA

Address: 3203 TACON ST., APT. A Address: 1106 E. HUMPHREY STREET

City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33604

Title: SD () Delete Title: TD (X) Change () Addition Name: PLATO, CARLA Name: COHN, RONALD B

 Address:
 6708 HIMES AVENUE
 Address:
 2903 WALLCRAFT AVENUE

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:
 TAMPA, FL 33611 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD B. COHN TD 02/12/2006