

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006985

FILED  
Jul 05, 2007  
Secretary of State

Entity Name: TAMPA BAY RAIDERS, INC.

**Current Principal Place of Business:**

9427 CORPORATE LAKE DRIVE  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

9427 CORPORATE LAKE DRIVE  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 59-3620573      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MOORE, STEVEN W ESQ.  
8200 BRYAN DAIRY ROAD  
STE 300  
LARGO, FL 33777 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FEST, CHARLES W JR.  
Address: 9427 CORPORATE LAKE DRIVE  
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete  
Name: MOORE, STEVEN W  
Address: 8200 BRYAN DAIRY ROAD, SUITE 300  
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete  
Name: COOPER, C. BRETT  
Address: 201 E. KENNEDY BLVD., SUITE 334  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CHARLES W FEST JR

D

07/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date