


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90239 050 ***150.00

DOCUMENT # P00000098130	
1. Entity Name ARENA PROPERTIES INC.	

Principal Place of Business 74 WESTERLEY RD WESTON MA 02193-1151	Mailing Address 74 WESTERLEY RD WESTON MA 02193-1151
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2. Principal Place of Business 120 NE 1st AVE	3. Mailing Address 120 NE AVE
Suite, Apt. #, etc. # 7	Suite, Apt. #, etc. # 7

City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33444	Zip 33444
Country PALM BEACH	Country PALM BEACH



MOORE CR2E034 (11/03)

4. FEI Number 04-3545571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEJAME, FATIMA 120 NE 2ND AVENUE FIRST AVENUE DELRAY BEACH FL 33444-0000	
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7. Name and Address of New Registered Agent Name NEJAME, FATIMA Street Address (P.O. Box Number is Not Acceptable) 120 NE FIRST AVE # 7 City DELRAY BEACH FL Zip Code 33444	
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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 <i>F. NeJame</i>	DATE 3/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D P	<input type="checkbox"/> Delete
NAME ATALA, ANTHONY DR.	
STREET ADDRESS 74 WESTERLEY RD	
CITY-ST-ZIP WESTON MA 02193-1151	
TITLE D S	<input type="checkbox"/> Delete
NAME ARTHUR NEJAME	
STREET ADDRESS 2310 E SILVER PALM RD	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ATALA, ANTHONY	
STREET ADDRESS 2661 REYNOLDS DR	
CITY-ST-ZIP WINSTON-SALEM NC 27104-1927	
TITLE D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARTHUR NEJAME	
STREET ADDRESS 2310 E SILVER PALM RD	
CITY-ST-ZIP BOCA RATON FL 33432	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby 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 607, 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.	
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SIGNATURE: <i>[Signature]</i>	Date 4-15-04	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		