



FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P01000086284				Secretary of State	
1. Entity Name MIAMI STADIUM TOWERS, INC.					
Principal Place of Business 5709 N.W. 158TH STREET, BUILDING 46 MIAMI LAKES, FL 33014		Mailing Address 5709 N.W. 158TH STREET, BUILDING 46 MIAMI LAKES, FL 33014			
DO NOT WRITE IN THIS SPACE					
		02252008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 65-1135203		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 SWEZY, LEWIS V 5709 NW 158 ST MIAMI LAKES, FL 33014		DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		04/03/08-80011-023 158.75			
TITLE	DO NOT WRITE IN THIS SPACE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: _____		9/26/08 (305) 821-0330			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____			