2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM Secretary of State

DOCUMENT # 1. Entity Name STADIUM REALTY,		28			secretary of State
Principal Place of Business Mailing Address 5664 CORPORATE WAY WEST PALM BEACH, FL 33407 Mailing Address 5664 CORPORATE WAY WEST PALM BEACH, FL 33407					S OCCOL HOLD STOLE ASSOLINGA COEM SOCIAL IN 1801
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01242005 No Chg-P 4. FEI Number 56-2357699 5. Certificate of Status Desire	CR2E034 (10/03) Applied For Not Applicable standard S8.75 Additional Fee Required
MCGILLICUDDY, THOMAS A 5664 CORPORATE WAY WEST PALM BEACH, FL 33407			DO NOT WRITE IN THIS SPACE		
the obligations of registere		e if applicable . (NOTE Registere	ed office or register of Agent signature required	. เพ่นกายก รเล:ก่อ]	f Florida. 1 am familiar with, and accept
FILE NOW!!! F After May 1, 2005	EE IS \$150.00 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution	ncing \$5.	.00 May Be ed to Fees	
10.	OFFICERS AND DIRE	CTORS .			
STREET ADDRESS 5664 CORP	DDY, THOMAS A ORATE WAY M BEACH, FL 33407				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				 02/15/	000229738 05-80011-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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)(f), 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 reference 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 SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #					