
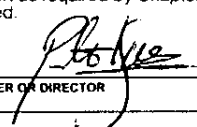


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90022 045 ***150.00

DOCUMENT # P07000025058 1. Entity Name RED BULL DISTRIBUTING TAMPA, INC.					
Principal Place of Business 5454 WEST CRENSHAW STREET TAMPA, FL 33634			Mailing Address 5454 WEST CRENSHAW STREET TAMPA, FL 33634		
2. Principal Place of Business - No P.O. Box # 4220 PALM RIVER RD		3. Mailing Address 4220 PALM RIVER RD			
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 42-1724832	
Zip 33619		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____		
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 reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
_____			P/CEO SELIM CHIDIAC 4220 PALM RIVER RD, SUITE 101 TAMPA FL 33619		
_____			T/CFO ANDREA CERRICO 4220 PALM RIVER RD SUITE 101 TAMPA FL 33619		
_____			S PETER KWON 4220 PALM RIVER RD, SUITE 101 TAMPA FL 33619		
_____			D (SOLE DIRECTOR) DIETRICH MATSCHITZ 4220 PALM RIVER RD, SUITE 101 TAMPA FL 33619		
_____			_____		
_____			_____		
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: PETER KWON  4/10/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					