


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000032192</b> 1. Entity Name NAIMOLI BASEBALL ENTERPRISES, INC.	
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Principal Place of Business ONE TROPICANA DR TROPICANA FIELD ST. PETERSBURG, FL 33705 US	Mailing Address ONE TROPICANA DR TROPICANA FIELD ST. PETERSBURG, FL 33705 US
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01122008 No Chg-P CR2E034 (11/05)

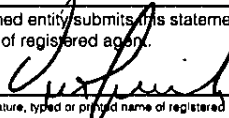
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4. FEI Number 59-3183617	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HIGGINS, JOHN P. TROPICANA FIELD, ONE TROPICANA DR ST. PETERSBURG, FL 33705
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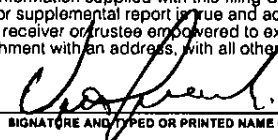
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)	DATE: 1/28/08

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD NAIMOLI, VINCENT J. ONE TROPICANA DR ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGGINS, JOHN P ONE TROPICANA DR ST. PETERSBURG, FL
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 1/28/08 DAYTIME PHONE: 727-825-3498