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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000040025 (6)

1. Corporation Name  
LIGHTNING ARENA, INC.

Principal Place of Business

501 E. KENNEDY BLVD.  
SUITE 1900  
TAMPA FL 33602  
US

Mailing Address

501 E. KENNEDY BLVD.  
SUITE 1900  
TAMPA FL 33602-5200  
US



3. Date Incorporated or Qualified  
05/26/1994

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-3247226

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 401 CHANNELSIDE DRIVE

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33602

Country

25 USA

2a. Mailing Address

26 401 CHANNELSIDE DRIVE

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33602

Country

30 USA

9. Name and Address of Current Registered Agent

CARLTON, FIELDS, ET AL.  
ONE HARBOUR PLACE, 5TH FLOOR  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
ASD	PHILLIPS, CHRIS	501 E. KENNEDY BLVD SUITE 175	TAMPA FL	<input checked="" type="checkbox"/>
D	LEFEVRE, DAVOD E/	501 E. KENNEDY BLVD SUITE 175	TAMPA FL	<input checked="" type="checkbox"/>
D	SMITH, WILLIAM REECE J	ONE HARBOUR PLACE 5TH FLOOR	TAMPA FL	<input checked="" type="checkbox"/>
DPT	OTO, SABURO	501 E. KENNEDY BLVD. #175	TAMPA FL 33602	<input checked="" type="checkbox"/>
DS	OKU, TADASHIGE	501 E. KENNEDY BLVD. #175	TAMPA FL 33602	<input checked="" type="checkbox"/>
D	PHILLIPS, CHRIS	501 E. KENNEDY BLVD., SUITE 175	TAMPA FL 33602	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
S/D	PHILLIPS, CHRIS	401 CHANNELSIDE DRIVE	TAMPA, FL 33602	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C/D	OKUBO, TAKASHI	401 CHANNELSIDE DRIVE	TAMPA, FL 33602	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SUGIOKA, YOSHIYUKI	401 CHANNELSIDE DRIVE	TAMPA, FL 33602	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/P/T	OTO, SABURO	401 CHANNELSIDE DRIVE	TAMPA, FL 33602	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HIGASHIYAMA, YASUKIYO	401 CHANNELSIDE DRIVE	TAMPA, FL 33602	<input type="checkbox"/>	<input checked="" type="checkbox"/>
000002189020	-05/23/97--01002--006	***558.75		<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 annual report or supplemental annual 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 Section 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813/229-2658

Daytime Phone #

CR2E034 (9/96)