

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -6 PM 1:55

DOCUMENT # P96000035493					
1. Entity Name ARENA DEVELOPMENT COMPANY, INC.					
Principal Place of Business 501 E. Camino Real Corporate Office Boca Raton, FL 33432			Mailing Address P. O. Box 5025 Corporate Office Boca Raton, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0679602	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent American Information Services, Inc. One S. E. Third Avenue, 27th Floor Miami, Florida 33131			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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHON, RICHARD C.		NAME	ROCHON, RICHARD C.	
STREET ADDRESS	450 E. Las Olas Blvd., 1500		STREET ADDRESS	450 E. Las Olas Blvd., 1500	
CITY - ST - ZIP	Ft. Lauderdale, FL 33301		CITY - ST - ZIP	Ft. Lauderdale, FL 33301	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUXO, ALEX		NAME		
STREET ADDRESS	450 E. Las Olas Blvd., 1500		STREET ADDRESS		
CITY - ST - ZIP	Ft. Lauderdale, FL 33301		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, WILLIAM M.		NAME	PIERCE, WILLIAM M.	
STREET ADDRESS	501 E. Camino Real		STREET ADDRESS	501 E. Camino Real	
CITY - ST - ZIP	Boca Raton, FL 33432		CITY - ST - ZIP	Boca Raton, FL 33432	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAURIA, STEVE M.		NAME	DAURIA, STEVE M.	
STREET ADDRESS	501 E. Camino Real		STREET ADDRESS	501 E. Camino Real	
CITY - ST - ZIP	Boca Raton, FL 33432		CITY - ST - ZIP	Boca Raton, FL 33432	
TITLE	V	<input type="checkbox"/> Delete	TITLE	S-V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L.		NAME	HANDLEY, RICHARD L.	
STREET ADDRESS	450 E. Las Olas Blvd., 1500		STREET ADDRESS	450 E. Las Olas Blvd., 1500	
CITY - ST - ZIP	Ft. Lauderdale, FL 33301		CITY - ST - ZIP	Ft. Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
13. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Richard C. Rochon</i>			10/4/00 (561) 447-5308		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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