


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90118 009 \*\*\*150.00

DOCUMENT # P96000035493			
1. Entity Name ARENA DEVELOPMENT COMPANY, INC.			
Principal Place of Business 501 E CAMINO REAL CORPORATE OFFICE BOCA RATON, FL 33432 US		Mailing Address PO BOX 5025 CORPORATE OFFICE BOCA RATON, FL 33431 US	
2. Principal Place of Business		3. Mailing Address <b>501 E. CAMINO REAL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>BOCA RATON FL</b>	
Zip	Country	Zip <b>33432</b>	Country <b>USA</b>
4. FEI Number 65-0679602		Applied For Not Applicable	
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, FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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	P <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUXO, ALEX	NAME	<b>JONATHAN D. GRAY</b>
STREET ADDRESS	450 E. LAS OLAS BLVD., 1500	STREET ADDRESS	<b>345 PARK AVENUE</b>
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	CITY-ST-ZIP	<b>New York NY 10154</b>
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOOR, WAYNE	NAME	<b>William J. Stein</b>
STREET ADDRESS	501 E CANINO REAL	STREET ADDRESS	<b>345 PARK AVENUE</b>
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	<b>New York NY 10154</b>
TITLE	VT <input checked="" type="checkbox"/> Delete	TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINOCCHIARO, MARY JO	NAME	<b>DENNIS J. Mc DONAGH</b>
STREET ADDRESS	501 E CAMINO REAL	STREET ADDRESS	<b>345 PARK AVENUE</b>
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	<b>New York NY 10154</b>
TITLE	VSD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L	NAME	
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1500	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIRK, ROBERT	NAME	
STREET ADDRESS	501 EAST CAMINO REAL	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDER, DAVID	NAME	
STREET ADDRESS	501 EAST CAMINO REAL	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	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)(i), 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: <i>Wanda Inoué</i>		Date: <b>4/29/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Senior Vice President Wanda Inoué</b>		Daytime Phone #: <b>561-447-5302</b>	
<i>as third party management agent</i>			

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