


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90025 041 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000046683**

1. Corporation Name  
**ARENA OPERATING COMPANY, INC.**

Principal Place of Business <b>450 E. LAS OLAS BLVD 1400 FT. LAUDERDALE FL 33301 US</b>	Mailing Address <b>450 E. LAS OLAS BLVD 1400 FT. LAUDERDALE FL 33301 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>Suite 1400</b> 23 City & State <b>Zip Country</b> 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. <b>Suite 1400</b> 28 City & State <b>Zip Country</b> 29 30	3. Date Incorporated or Qualified <b>06/03/1996</b>	4. FEI Number <b>65-0679603</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE. 27TH FLOOR MIAMI FL 33131</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCHON, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., 1500</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUXO, ALEX</b>	2.2 NAME	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., 1500</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERCE, WILLIAM M</b>	3.2 NAME	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., 1500</b>	3.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., #1400</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAURIA, STEVEV</b>	4.2 NAME	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., 1500</b>	4.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., #1400</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANDLEY, RICHARD. L</b>	5.2 NAME	
STREET ADDRESS	<b>450 E LAS OLAS BLVD, 1400</b>	5.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., #1500</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven M. Dauria 4-30-99 954-712-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #