


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
May 22, 2006 8:00 am
Secretary of State

02-27-2006 90093 005 ***150.00

DOCUMENT # P96000051320	
1. Entity Name JS STADIUM, INC.	

Principal Place of Business ROGER DEAN STADIUM, 4751 MAIN STREET 4751 MAIN STREET JUPITER, FL 33458 US	Mailing Address P O BOX 8978 JUPITER, FL 33468 US
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66016992



DO NOT WRITE IN THIS SPACE

02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0699118	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	P SAMSON, DAVID % FLORIDA MARLINS, 2267 DAN MARINO BLVD OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE WITT, WILLIAM III 200 STADIUM PLAZA 100 S. 4th St, Ste. 1200 SAINT LOUIS, MO 63102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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