

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000105963**

1. Entity Name  
**TAMPA STADIUM SUITE, INC.**



Principal Place of Business  
**611 WEST BAY STREET  
TAMPA, FL 33606**

Mailing Address  
**611 WEST BAY STREET  
TAMPA, FL 33606**

**DO NOT WRITE IN THIS SPACE**



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3490446**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SHIMBERG, MANDELL  
611 WEST BAY STREET  
TAMPA, FL 33606**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000491572  
04/19/06-80027-021 158.75**

**10. OFFICERS AND DIRECTORS**

|                |                        |
|----------------|------------------------|
| TITLE          | D                      |
| NAME           | SHIMBERG, MANDELL      |
| STREET ADDRESS | 611 WEST BAY STREET    |
| CITY-ST-ZIP    | TAMPA, FL 33606        |
| TITLE          | D                      |
| NAME           | SHIMBERG, JAMES H      |
| STREET ADDRESS | 611 WEST BAY STREET    |
| CITY-ST-ZIP    | TAMPA, FL 33606        |
| TITLE          | D                      |
| NAME           | BUCKLEY, STEVE         |
| STREET ADDRESS | 11540 HIGHWAY 92 EAST  |
| CITY-ST-ZIP    | SEFFNER, FL 33584      |
| TITLE          | D                      |
| NAME           | VALDEZ, MICHAEL        |
| STREET ADDRESS | 3307 W SAN NICHOLAS ST |
| CITY-ST-ZIP    | TAMPA, FL 33629        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mandell Shimberg*

DIRECTOR

3/30/06 8132547867