2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P98000002070** 05-02-2005 90381 019 ***150.00 1. Entity Name TWC SEVENTY-EIGHT, INC. Principal Place of Business Mailing Address UALALUPE 655 NORTH FRANKLIN STREET, SUITE 2200 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 **STE 600** TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 03082005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 150 W FLAGLER STREET 2200 MUSEUM TOWER Brenda H. Storey MIAMI, FL 33130 655 N. Franklin Street, Suite 2200 City Zip Code Tempa, FL 33602 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT TITLE ☐ Delete TITLE Change ☐ Addition WILSON, CAROLYN M NAME NAME STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP **CFOS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition STOREY, BRENDA H NAME NAME STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA, FL. 33602 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS

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

FILED

HE AND TYPED OR PRINTED NAME OF Brenda H. Storey Chief Financial Officer

changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: