

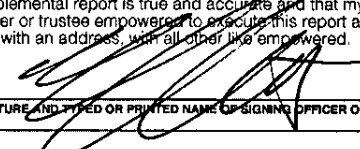


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90064 041 ***150.00

DOCUMENT # P98000063880 1. Entity Name TAMPA BAY RESORTS CORPORATION					
Principal Place of Business 19117 MANDARIN GROVE PL TAMPA, FL 33647			Mailing Address 19117 MANDARIN GROVE PL TAMPA, FL 33647		
2. Principal Place of Business 1009 CLEVELAND STREET Suite, Apt. #, etc.		3. Mailing Address 1009 CLEVELAND STREET Suite, Apt. #, etc.			
City & State TAMPA - FL		City & State TAMPA - FL		4. FEI Number 59-3521901	
Zip 33606		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOHIL, KISHOSINH B 773.POWDER HORN ROW LAKELAND, FL 33809				7. Name and Address of New Registered Agent Name TIPNIS VICTOR C. Street Address (P.O. Box Number is Not Acceptable) 1009 CLEVELAND STREET City TAMPA FL Zip Code 33606	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	D TIPNIS, VICTOR C 19117 MANDARIN GROVE PLACE TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1009 CLEVELAND STREET TAMPA - FL-33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, DHIRU Z 20500 BLAIRMORE STREET CHATSORTH, CA 91311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10743 INSPIRATION CIRCLE DUBLIN CA - 94568	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOHIL, KISHORSINH B 773 POWDER HORN ROW LAKELAND, FL 33809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, PRAKASH V 8297 LOMA VISTA RD VENTURA, CA 93004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, DEEPAK V 10201 MASON AVENUE #123 CHATSORTH, CA 91311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10375 GARDEN GROVE AVE NORTHRIDGE CA - 91326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, CHHOTU 19117 MANDARIN GROVE PLACE TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1009 CLEVELAND STREET TAMPA - FL-33606	
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:  TIPNIS VICTOR C. 4/23/14 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					