2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020789

Entity Name: STADIUM STORAGE INC.

FILED Apr 22, 2008 Secretary of State

Current D	ringinal Blass	of Business	Now Prin	New Principal Place of Principage		
	-	e of Business:		New Principal Place of Business:		
	EACOCK BLV NT LUCIE, FL		700 MILITA SUITE 310	700 MILITARY CUTOFF ROAD		
FOR I SAI	INT LOCIE, FL	34900		WILMINGTON, NC 28405		
Current N	lailing Addres	ss:	New Maili	New Mailing Address:		
4102 FMF	RSON STREE	т	700 MILITA	700 MILITARY CUTOFF ROAD		
	TON, NC 2840		SUITE 310 WILMINGTON, NC 28405			
FEI Number	: 65-0902366	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	l Address of (Current Registered Agent:	Name and	l Address of	f New Registered Agent:	
3500 SW (HARLES H CORPORATE Y, FL 34990	PKWY US				
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered	d office or registered agent, or both	
SIGNATUI	RE:					
	Electron	nic Signature of Registered Ag	jent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title:	D () Delete	Title:		() Change () Addition	
Name:	SABIN, CHARL		Name:			
Address:		PORATE PKWY	Address:			
City-St-Zip:	PALM CITY, FL	. 34990	City-St-Zip:			
Title:	DP () Delete	Title:	DP	(X) Change () Addition	
Name:	MARTIN, JAME	S	Name:	dress: 700 MILITARY CUTOFF ROAD SUITE 310		
Address:	4102 EMERSC		Address:			
City-St-Zip:	WILMINGTON,	NC 28403	City-St-Zip:	WILMINGTO	N, NC 28405	
Title:	DV () Delete	Title:		() Change () Addition	
Name:	EJUPS, ALDIS		Name:			
Address:		PORATE PKWY	Address:			
City-St-Zip:	PALM CITY, FL	. 34990	City-St-Zip:			
Title:	DST () Delete	Title:		() Change () Addition	
Name:	SABIN, CHARL	ES H	Name:			
Address:	3500 SW CORPORATE PKWY		Address:			
City-St-Zin:	PALMICITY FI	3/1000	City-St-Zin:			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH L JONES CFO 04/22/2008