

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90003 013 ***150.00

DOCUMENT # P99000063609

1. Entity Name
TALLAHASSEE ARENA, INC.



Principal Place of Business

1909 CAPITAL CIR. NE
TALLAHASSEE, FL 32308

Mailing Address

1909 CAPITAL CIR. NE
TALLAHASSEE, FL 32308

54070688



08252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3629859

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, KEVIN
1909 CAPITAL CIR. NE
TALLAHASSEE, FL 32308

**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

Kevin M. Davis

8/25/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME DAVIS, KEVIN
STREET ADDRESS 1909 CAPITAL CIR. NE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME MOSES, MATTHEW
STREET ADDRESS 6109 BORDERLINE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin M. Davis

8/25/04

850-171-3721