| 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 |
|---|
|---|

SIGNATURE:

da.

| Officer/Dire | ctor Detail : | | |
|-----------------|-------------------------|-----------------|--------------------------|
| Title | T/D | Title | D |
| Name | SIMMS, TAMI | Name | LYDECKER, KENT |
| Address | 105 4TH AVE NE #407 | Address | 300 BEACH DR NE #401 |
| City-State-Zip: | ST PETERSBURG FL 33701 | City-State-Zip: | ST PETERSBURG FL 33701 |
| Title | P/D | Title | S/D |
| Name | GRAHAM, PHIL JR | Name | OSTERHOLT, CHARLES |
| Address | 1311 48TH AVE NE | Address | 586 NORMANDY RD |
| City-State-Zip: | ST PETERSBURG FL 33703 | City-State-Zip: | MADEIRA BEACH FL 33708 |
| Title | D | Title | D |
| Name | MONTANARI, ED | Name | LOVEJOY, ROBERT |
| Address | 3345 MAPLE STREET NE | Address | 11 CENTRAL AVENUE |
| City-State-Zip: | ST PETERSBURG FL 33704 | City-State-Zip: | ST. PETERSBURG FL 33701 |
| Title | D | Title | D |
| Name | JAICKS, JOAN | Name | BETZER, PETER |
| Address | 459 BAYVIEW DRIVE NE | Address | 1830 CRESCENT LAKE DRIVE |
| City-State-Zip: | ST. PETERSBURG FL 33704 | City-State-Zip: | ST. PETERSBURG FL 33704 |

Continues on page 2

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHIL GRAHAM JR.

PRESIDENT

03/26/2013

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N12000010366

Entity Name: WATERFRONT PARKS FOUNDATION, INC.

Current Principal Place of Business:

436 SECOND STREET N ST PETERSBURG. FL 33701

Current Mailing Address:

436 SECOND STREET N ST PETERSBURG, FL 33701 US

FEI Number: 46-1298072

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CFRA LLC 100 S ASHLEY DR SUITE 400 TAMPA, FL 33602 US

FILED Mar 26, 2013 Secretary of State CC5495646319

Date

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

| Title | D | Title | D |
|-----------------|--------------------------------|-----------------|-------------------------|
| Name | FISHER, DOUG | Name | MICHAELS, WILL |
| Address | 910 BRIGHTWATERS BOULEVARD NE | Address | 6215 BAHAMA SHORES DR S |
| City-State-Zip: | ST. PETERSBURG FL 33704 | City-State-Zip: | ST. PETERSBURG FL 33705 |
| | | | |
| | | | |
| Title | D | Title | D |
| Title Name | D HOWE, DON | Title Name | D WALLACE, MARTY |
| | - | | - |
| Name | HOWE, DON 1500 1ST STREET N | Name | WALLACE, MARTY |