

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED

2006 AUG 21 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B 8/22/06



08152006 Chg-P CR2E034 (11/05)

DOCUMENT # F02000003985					
1. Entity Name NATIONAL LEISURE GROUP INC.					
Principal Place of Business 100 SYLVAN ROAD, SUITE 600 WOBURN, MA 01801			Mailing Address 100 SYLVAN ROAD, SUITE 600 WOBURN, MA 01801		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3259479	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	GOWELL, AARON		NAME	BRADLEY TOLKIN	
STREET ADDRESS	100 SYLVAN ROAD, SUITE 600		STREET ADDRESS	445 BROAD HOLLOW ROAD STE 420B	
CITY-ST-ZIP	WOBURN, MA 01801		CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	VS	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	SPOHN, STEPHEN		NAME	JEFFREY TOLKIN	
STREET ADDRESS	100 SYLVAN ROAD, SUITE 600		STREET ADDRESS	445 BROAD HOLLOW ROAD, STE 420B	
CITY-ST-ZIP	WOBURN, MA 01801		CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	D	☒ Delete	TITLE	S/T	☐ Change ☒ Addition
NAME	MURRAY, STEPHEN		NAME	515 STERNBACH	
STREET ADDRESS	1188 CENTER STREET		STREET ADDRESS	3088 N. COMMERCE PARKWAY	
CITY-ST-ZIP	NEWTON CENTER, MA 02459		CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	☒ Delete	TITLE	C	☐ Change ☒ Addition
NAME	HIPPEAU, ERIC		NAME	BRADLEY TOLKIN	
STREET ADDRESS	1188 CENTER STREET		STREET ADDRESS	445 BROAD HOLLOW ROAD, STE 420B	
CITY-ST-ZIP	NEWTON CENTER, MA 02459		CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	D	☒ Delete	TITLE	C	☐ Change ☒ Addition
NAME	CUTLER, JOEL		NAME	JEFFREY TOLKIN	
STREET ADDRESS	800 BOYLSTON ST., STE 400		STREET ADDRESS	445 BROAD HOLLOW ROAD, STE 420B	
CITY-ST-ZIP	BOSTON, MA 02199		CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	REEDER, PAUL		NAME	FRANK COUFENTAKIS	
STREET ADDRESS	ONE INTRNATIONAL PLACE, ST 2401		STREET ADDRESS	5 FAIRVIEW COURT	
CITY-ST-ZIP	BOSTON, MA 02110		CITY-ST-ZIP	UPPER BROOKVILLE NY 11771	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			_____ 8-15-06 954-263-6336		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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Addition

Title: D
Name: Jay Risher
Street Address: 19292 Sawgrass Lane
City-St-Zip: Huntington Beach, CA 92648

Title: D
Name: James Morrell
Street Address: 12315 NW 49th Street
City-St-Zip: Coral Springs, FL 33076