

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000009092

**Entity Name:** 3 TECH WRESTLING, INC.**Current Principal Place of Business:**37 HARBOUR ISLE DRIVE UNIT PH6  
HUTCHINSON ISLAND, FL 34949**Current Mailing Address:**117 KELLER WAY  
MAYS LANDING, NJ 08330 US**FEI Number:** 81-3913609**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO, FL 32822 US*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:** UNITED STATES CORPORATION AGENTS

01/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MALATESTA, ROBERT SR.  
Address 117 KELLER WAY  
City-State-Zip: MAYS LANDING NJ 08330

Title D  
Name MALATESTA, ROBERT JR.  
Address 1615 HOWELL STREET  
City-State-Zip: BEAUMONT TX 77706

Title D  
Name MILLER, DENNIS  
Address 38909 CAPTAINS LANE  
City-State-Zip: SELBYVILLE DE 19975

Title D  
Name MARTIN, GREG  
Address 5390 EDGEVIEW RD  
City-State-Zip: COLUMBUS OH 43207

Title D  
Name DIBIASE, PETER  
Address 29 E. GRANT ST  
City-State-Zip: WOODSTOWN NJ 08098

Title SD  
Name DOUGHERTY, PAT  
Address 2041 WILLIAMSTOWN RD.  
City-State-Zip: FRANKLINVILLE NJ 08322

Title D  
Name ILES, STEVE  
Address 107 MONROEVILLE RD.  
City-State-Zip: MONROEVILLE NJ 08343

Title D  
Name FANUCCI, ANTHONY  
Address 1932 S. BROOKFIELD ST.  
City-State-Zip: VINELAND NJ 08361

**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:** ROBERT L. MALATESTA, SR.

P

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name ELBEUF, DALE  
Address 1549 CLOVER AVENUE  
City-State-Zip: VINELAND NJ 08360

Title D  
Name FORMAN, TOM  
Address 35 TUDOR DR.  
City-State-Zip: BURLINGTON TWP NJ 08016

Title TD  
Name MALATESTA, JANE  
Address 117 KELLER WAY  
City-State-Zip: MAYS LANDING NJ 08330