

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90509 001 \*\*\*600.00

**DOCUMENT # F05000005928**

1. Entity Name  
**FCC HOLDINGS, INC. OF DELAWARE**



Principal Place of Business  
**3383 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319**

Mailing Address  
**3383 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319**

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**20-1846928**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNOBEL, DAVID  
3383 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **BARBER, JEFFERY S**  
STREET ADDRESS **125 HIGH STREET, SUITE 2500**  
CITY-ST-ZIP **BOSTON, MA 02110**

TITLE **DP** ☐ Delete  
NAME **KNOBEL, DAVID**  
STREET ADDRESS **3383 NORTH STATE ROAD 7**  
CITY-ST-ZIP **LAUDERDALE LAKES, FL 33319**

TITLE **S** ☒ Delete  
NAME **LECLAIRE, JOHN ESQ**  
STREET ADDRESS **C/O GOODWIN PROCTER LLP EXCHANGE PL**  
CITY-ST-ZIP **BOSTON, MA 02109**

TITLE **CFO** ☐ Delete  
NAME **MCDUGALL, JOHN**  
STREET ADDRESS **3383 NORTH STATE ROAD 7**  
CITY-ST-ZIP **LAUDERDALE LAKES, FL 33319**

TITLE **D** ☒ Delete  
NAME **GIOELLA, ROBERT**  
STREET ADDRESS **157 BITTERSWEET CIRCLE**  
CITY-ST-ZIP **VENETIA, PA 15367**

TITLE **D** ☒ Delete  
NAME **O'TOOLE, LAURENCE W**  
STREET ADDRESS **25 BRAINTREE HILL PARK SUITE 407**  
CITY-ST-ZIP **BRAINTREE, MA 02184**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CEO, DIRECTOR, CHAIRMAN** ☒ Change ☐ Addition  
NAME **DAVID KNOBEL**  
STREET ADDRESS **3383 NORTH STATE ROAD 7**  
CITY-ST-ZIP **LAUDERDALE LAKES, FL 33319**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ADDITIONAL OFFICERS**

**+ DIRECTORS ON**

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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:

*Chris Gressett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Chris Gressett**

**4/30/08 954-535-8654**


Date

Daytime Phone #

# ATTACHMENT

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

66011823

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Principal Place of Business 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319			Mailing Address 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04302008 Chg-P CR2E034 (12/06) 4. FEI Number 20-1846928	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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### ADDITION DIRECTORS ARE LISTED BELOW:

DIRECTOR  
DAVID ADAMS  
3383 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

DIRECTOR  
TRAVIS RHODES  
3383 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

PRESIDENT  
PETER MITCHELL  
3383 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

COO  
PEDRO DE GUZMAN  
3383 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

TREASURER, SECRETARY  
CHRIS GRESSETT  
3383 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

DIRECTOR  
ROBERT NIEHAUS  
3383 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

DIRECTOR  
KEVIN BOUSQUETTE  
3383 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319