

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003812

FILED  
Feb 22, 2011  
Secretary of State

**Entity Name:** HOOP MOUNTAIN FRANCHISE INC.

**Current Principal Place of Business:**

100L CUMMINGS CENTER #423G  
BEVERLY, MA 01915

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7068  
BEVERLY, MA 01915

**New Mailing Address:**

**FEI Number:** 04-3562420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, ERIK  
6130 TURNBURY PARK DR #8101  
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CVP  
**Name:** GIBBS, STEVEN  
**Address:** 2 OXBOW RD  
**City-St-Zip:** DANVERS, MA 01923

**Title:** VP  
**Name:** KRISTOF, GREG  
**Address:** 15 CARTER ST  
**City-St-Zip:** CHELSEA, MA 02411

**Title:** P  
**Name:** GIBBS, DAN  
**Address:** 2 OXBOW RD  
**City-St-Zip:** DANVERS, MA 01923

**Title:** S  
**Name:** GIBBS, DEIRDRE  
**Address:** 2 OXBOW RD  
**City-St-Zip:** DANVERS, MA 01923

**Title:** T  
**Name:** GIBBS, TREVOR  
**Address:** 2 OXBOW RD  
**City-St-Zip:** DANVERS, MA 01923

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

**SIGNATURE:** STEVEN GIBBS

MR

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date