

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90038 037 \*\*\*150.00

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Corporation Name

TALLAHASSEE TIGER SHARKS HOCKEY CLUB, INC.

Principal Place of Business  
1334 PARKVIEW AVENUE  
SUITE 210  
MANHATTAN BEACH, CA 90266

Mailing Address  
133 NORTH MONROE STREET  
TALLAHASSEE, FLORIDA 32301

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	26	59-3256691	Not Applicable
Suite, Apt. #, etc.	27	5. Certificate of Status Desired	\$3.75 Additional Fee Required
		<input type="checkbox"/>	
City & State	28	6. Election Campaign Financing	\$5.00 May Be Added to Fees
		Trust Fund Contribution	<input type="checkbox"/>
Zip	29	8. This corporation owes the current year intangible	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	30	Personal Property Tax.	

9. Name and Address of Current Registered Agent

TAMMY DESOTO CICCHETTI, ESQ.  
THE CICCHETTI LAW FIRM  
2477 TIM GAMBLE PLACE  
TALLAHASSEE, FLORIDA 32308

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

NATURE  
Signature: Typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

3/9/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME		1.1 TITLE	
1.2 STREET ADDRESS		1.2 NAME	
1.3 CITY-ST-ZIP		1.3 STREET ADDRESS	
2. NAME		2.1 CITY-ST-ZIP	
2.2 STREET ADDRESS		2.2 TITLE	
2.3 CITY-ST-ZIP		2.3 NAME	
3. NAME		3.1 STREET ADDRESS	
3.2 STREET ADDRESS		3.2 CITY-ST-ZIP	
3.3 CITY-ST-ZIP		4.1 TITLE	
4. NAME		4.2 NAME	
4.2 STREET ADDRESS		4.3 STREET ADDRESS	
4.3 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5. NAME		5.1 TITLE	
5.2 STREET ADDRESS		5.2 NAME	
5.3 CITY-ST-ZIP		5.3 STREET ADDRESS	
6. NAME		5.4 CITY-ST-ZIP	
6.2 STREET ADDRESS		6.1 TITLE	
6.3 CITY-ST-ZIP		6.2 NAME	
7. NAME		6.3 STREET ADDRESS	
7.2 STREET ADDRESS		6.4 CITY-ST-ZIP	
7.3 CITY-ST-ZIP			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

CR2E034 (1/98)