

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90122 009 ***150.00

DOCUMENT # F95000004840

1. Corporation Name

INTERNATIONAL HOCKEY LEAGUE, INC.



Principal Place of Business

1577 N WOODWARD AVE #212
BLOOMFIELD HILLS MI 48304

Mailing Address

1577 N WOODWARD AVE #212
BLOOMFIELD HILLS MI 48304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1995

4. FEI Number

35-1849839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1395 EAST TWELVE MILE ROAD
Suite, Apt. #, etc.

2a. Mailing Address

26 1395 EAST TWELVE MILE ROAD
Suite, Apt. #, etc.

City & State

23 MADISON HEIGHTS, MI

City & State

28 MADISON HEIGHTS, MI

Zip

24 48071 25 U.S.A.

Zip

29 48071 30 U.S.A.

9. Name and Address of Current Registered Agent

SWOPE, JACK
1 MAGIC PL., 600 W ARMELLA
ORLANDO FL 32801-1114

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, LARRY	
STREET ADDRESS	1 CENTER ICE, 200 HURON RD	
CITY-ST-ZIP	CLEVELAND OH 44115	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UFER, ROBERT P	
STREET ADDRESS	1577 N WOODWARD AVE #212	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARFET, R. TED JR	
STREET ADDRESS	3620 VAN RICK DR	
CITY-ST-ZIP	KALAMAZOO MI 49002	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAURS, BRUCE	
STREET ADDRESS	201 S.W. JEFFERSON	
CITY-ST-ZIP	PEORIA IL 61602	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VANDERWEIDE, BOB O	
STREET ADDRESS	ONE MAGIC PLACE, 600 W. ARMELLA	
CITY-ST-ZIP	ORLANDO FL 32801-1114	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOUG MOSS	
1.3 STREET ADDRESS	1395 EAST TWELVE MILE ROAD	
1.4 CITY-ST-ZIP	MADISON HEIGHTS, MI 48071	
2.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOE FADA	
2.3 STREET ADDRESS	1395 EAST TWELVE MILE ROAD	
2.4 CITY-ST-ZIP	MADISON HEIGHTS, MI 48071	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP OF HOCKEY OPERATIONS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERT MCCAMMON	
4.3 STREET ADDRESS	1395 EAST TWELVE MILE ROAD	
4.4 CITY-ST-ZIP	MADISON HEIGHTS, MI 48071	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH A. FADA

4/19/99 (246) 837-1506

Date

Daytime Phone #

CR2E034 (11/98)