2000 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # F95000004840 1. Entity Name INTERNATIONAL HOCKEY LEAGUE, INC. ... 05-24-2000 90024 023 ***150.00 Principal Place of Business Mailing Address 1395 EAST TWELVE MILE RD 1395 EAST TWELVE MILE RD MADISON HEIGHTS MI 48701 MADISON HEIGHTS MI 48071-2654 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE TWELVE MILE ROAD City & State 4. FEI Number Applied For 35-1849839 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SWOPE, JACK Street Address (P.O. Box Number is Not Acceptable) 1 MAGIC PL., 600 W ARMELLA ORLANDO FL 32801-1114 City 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CFO ☐ Change Addition TITLE ☐ Delete TITLE FADA. JOE NAME NAME 1395 EAST TWELVE MILE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADISON HEIGHTS MI 48071 **VPHO** ☐ Addition ☐ Delete TITI F Change MCCAMMON, ROBERT NAME NAME 1395 EAST TWELVE MILE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MADISON HEIGHTS MI 48071 CITY-ST-7IP Addition Delete TITLE ☐ Change PARFET, R. TED JR NAME NAME STREET ADDRESS STREET ADDRESS 3620 VAN RICK DR CITY-ST-ZIP KALAMAZOO MI 49002 CITY-ST-ZIP CEO ☐ Change ☐ Addition ☐ Delete TITLE MOSS, DOUG NAME NAME STREET ADDRESS 1395 EAST TWELVE MILE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADISON HEIGHTS MI 48071 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

JOSEPH A. FAOA 5/12/00 (246)837-1506

Daytime Phone #

Change

☐ Addition