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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F95000005027

1. Corporation Name
EAST COAST HOCKEY LEAGUE, INC.

Principal Place of Business: C/O SCOTT SABATINO, 125 VILLAGE BLVD., STE 210, PRINCETON NJ 08540
 Mailing Address: C/O SCOTT SABATINO, 125 VILLAGE BLVD., STE 210, PRINCETON NJ 08540



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/13/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				54-1472984	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip Country		Zip Country		\$8.75 Additional Fee Required	
24		29		30	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FELIX, CHARLES 201 E GREGORY STREET - REAR C/O PENSACOLA ICE PILOTS PENSACOLA FL 32501				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, RICHARD	1.2 NAME	
STREET ADDRESS	125 VILLAGE BLVD STE 210	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATINO, SCOTT	2.2 NAME	
STREET ADDRESS	125 VILLAGE BLVD STE 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, DOUG	3.2 NAME	
STREET ADDRESS	125 VILLAGE BLVD STE 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELIX, CHARLES	4.2 NAME	
STREET ADDRESS	201 E GREGORY ST - REAR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKSON, ART	5.2 NAME	D FEUERSTEIN, HARRY
STREET ADDRESS	BIRMINGHAM-JEFFERSON CMC CNTR 19TH ST N	5.3 STREET ADDRESS	601 EAST LEIGH STREET
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	RICHMOND, VA
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEER, CARL	6.2 NAME	
STREET ADDRESS	800 EAST BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	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 617, 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: _____ DATE: 3/8/99 DAYTIME PHONE #: 609 452 6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)