


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90148 044 ****61.25

DOCUMENT # F95000005027			
1. Entity Name EAST COAST HOCKEY LEAGUE, INC.			
Principal Place of Business 103 MAIN ST, SUITE 300 PRINCETON NJ 08540		Mailing Address 103 MAIN ST, SUITE 300 PRINCETON NJ 08540	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

24069156



MOORE GR2E037 (11/03)

6. Name and Address of Current Registered Agent HOYT, NEIL 201 E GREGORY STREET - REAR C/O PENSACOLA ICE PILOTS PENSACOLA FL 32501		7. Name and Address of New Registered Agent Name CRAIG BRUSH Street Address (P.O. Box Number is Not Acceptable) C/O FLORIDA EVERBLADES 11000 EVERBLADES PARKWAY City ESTERO FL Zip Code 33928	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Craig Brush* DATE 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKENNA, BRIAN 103 MAIN ST, STE 300 PRINCETON NJ 08540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABATINO, SCOTT 103 MAIN ST, STE 300 PRINCETON NJ 08540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARNETIS, JACK 103 MAIN ST, STE 300 PRINCETON NJ 08540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARNEFIX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENWALD, HERB 2507 51ST ST HYATTSVILLE MD 20781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGIN, RAY C 1250 POYDRAS ST, STE 1050 NEW ORLEANS LA 70113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR DAVID LEFEVRE SUITE 18 1270 AVE. OF THE AMERICAS NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EDWARDS, JAMES 1201 NORWOOD ST. JOHNSTOWN PA 15904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHAIRMAN CRAIG BRUSH 11000 EVERBLADES PARKWAY ESTERO, FL 33928

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott Sabatino* DATE 4/14/04 (609) 425-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #