

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90115 018 \*\*\*\*61.25

**DOCUMENT # F95000005027**

1. Entity Name

ECHL, INC.



Principal Place of Business

103 MAIN ST, SUITE 300  
PRINCETON NJ 08540

Mailing Address

103 MAIN ST, SUITE 300  
PRINCETON NJ 08540

00001233



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

116 VILLAGE BLVD.

Suite, Apt. #, etc.

SUITE 304

City & State

PRINCETON, NJ

Zip

08540

Country

3. Mailing Address

116 VILLAGE BLVD.

Suite, Apt. #, etc.

SUITE 304

City & State

PRINCETON, NJ

Zip

08540

Country

4. FEI Number

54-1472984

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRUSH, CRAIG  
C/O FLORIDA EVERGLADES  
11000 EVERGLADES PKWY.  
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKENNA, BRIAN	
STREET ADDRESS	103 MAIN ST, STE 300	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	V	<input type="checkbox"/> Delete
NAME	SABATINO, SCOTT	
STREET ADDRESS	103 MAIN ST, STE 300	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARNEFIX, JACK	
STREET ADDRESS	103 MAIN ST, STE 300	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENWALD, HERB	
STREET ADDRESS	2507 51ST ST	
CITY-ST-ZIP	HYATTSVILLE MD 20781	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEFEVRE, DAVID	
STREET ADDRESS	1270 AVE OF THE AMERICAS, STE. 18	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	C	<input type="checkbox"/> Delete
NAME	BRUSH, CRAIG	
STREET ADDRESS	11000 EVERGLADES PKWY.	
CITY-ST-ZIP	ESTERO FL 33928	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	116 VILLAGE BLVD, SUITE 304	
CITY-ST-ZIP	PRINCETON, NJ 08540	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	116 VILLAGE BLVD., SUITE 304	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	116 VILLAGE BLVD., SUITE 304	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* SCOTT SABATINO 4/29/05 (609)636 1030  
Date Daytime Phone #