

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90041 045 ****61.25

DOCUMENT # F95000005027

1. Entity Name
EAST COAST HOCKEY LEAGUE, INC.



Principal Place of Business Mailing Address

103 MAIN ST. SUITE 300 **103 MAIN ST. SUITE 300**
PRINCETON NJ 08540 **PRINCETON NJ 08540**

60024000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip 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

HOYT, NEIL
201 E GREGORY STREET - REAR
C/O PENSACOLA ICE PILOTS
PENSACOLA FL 32501

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 _____ DATE _____
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

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	ADAMS, RICHARD	
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	PRICE, DOUG	
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	NAGIN, RAY C	
STREET ADDRESS	1250 POYDRAS ST, STE 1050	
CITY-ST-ZIP	NEW ORLEANS LA 70113	
TITLE	CD	<input type="checkbox"/> Delete
NAME	EDWARDS, JAMES	
STREET ADDRESS	1201 NORWOOD ST.	
CITY-ST-ZIP	JOHNSTOWN PA 15904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian McKenna	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Jack Carnefix	<input checked="" 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		
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: _____ **4/25/03 (69) 152-0070**

CR2E037 (10/02)