2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2003 8:00 am
Secretary of State

05-06-2003 90065 014 ****50.00

DOCUMENT # M02000001196

1. Entity Name
DUVAL COUNTY PROFESSIONAL HOCKEY CLUB, L.L.C.

Principal Place of Business	Mailing Address
8100 E. 22ND ST. NORTH BLDG. 1900 WICHITA KS 67226	8100 E. 22ND ST. NORTH BLDG. 1900 WICHITA KS 67226

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
215 Celebration Place	803 Birchfield Drive
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.:
City & State: Celebration, FL	City & State: Mt. Laurel, NJ
Zip: 34747 Country: USA	Zip: 08054 Country: USA

4. FEI Number: 47-0859669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name: David Waronker Street Address (P.O. Box Number is Not Acceptable): 215 Celebration Place Suite 500 City: Celebration FL Zip Code: 34747

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WELLS, BRYAN 8100 E. 22ND ST. NORTH BLDG. 1900 WICHITA KS 67226 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P David Waronker 215 Celebration Place, Suite 500 Celebration, FL 34747 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #