

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000003278 1. Entity Name FLORIDA JR. PANTHERS TRAVEL HOCKEY CLUB, INC.	
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Principal Place of Business 3299 SPORTSPLEX DRIVE CORAL SPRINGS, FL 33065	Mailing Address 3299 SPORTSPLEX DRIVE CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



08012007 No Chg-NP CR2E037 (4/06)

4. FEJ Number 65-1105998	Approved by Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRIEDMAN, MARC 3299 SPORTSPLEX DRIVE CORAL SPRINGS, FL 33065

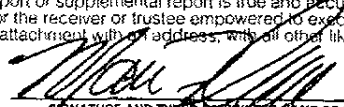
DO NOT WRITE IN THIS SPACE

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 transferring)	DATE _____
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Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAMPOL, JEFF 800 E CYPRESS LANE #201 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FRIEDMAN, MARC 8634 NW 59 PL PARKLAND, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000771504 08/07/07-80005-004 61.25 DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8/1/07 954-752-3881
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