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

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # N03000003870 04-25-2005 90224 033 ****70.00 FLORIDA PANTHERS FOUNDATION, INC. Principal Place of Business Mailing Address ONE PANTHER PARKWAY ONE PANTHER PARKWAY SUNRISE FL 33323 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For City & State City & State 30-0176325 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILDERMUTH, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 13800 NW 2ND STREET SUITE 190 FORT LAUDERDALE FL 33325 Zip Code FL 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution, Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. ☐ Defete THEF ☐ Change ☐ Addition TITLE LOPEZ, EVELYN NAME ONE PANTHER PKWY STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Defete TITLE ☐ Addition Moller, Randy MILLER, RANDY NAME NAME ONE PANTHER PKWY STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 CITY-ST-ZIP CITY-ST-7IP X Delete ☐ Addition Change THILE TITLE OVERHOLT, CHRIS NAME NAME ONE PANTHER PKWY STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 CITY-ST-ZIP CITY-ST-ZIP Change X Addition ☐ Detete TITLE Jean Marshall NAME NAME STREET ADDRESS STREET ADDRESS One Panther Parkway Sunrise, FL 33323 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THIF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P life for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director eport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and accurate. not qualify

ate and

April 20, 2005

Date

954-835-7612

Daylime Phone #

te this e emp

empowered to ex

of the corporation or the receiver or trustee changed, or on an attachment with any add

SIGNATURE: