2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006784

FILED Jun 22, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA GOLDEN KNIGHTS ICE HOCKEY TEAM, INC.

Current Principal Place of Business: New Principal Place of Business: 8701 MATLAND SUMMIT BLVD ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** P.O. BOX 163548 ORLANDO, FL 32816 FEI Number: 06-1790976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PITTMAN, PAUL 151 NW 207TH AVENUE US PEMBROKE PINES, FL 33029 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PITTMAN, RUSSELL Name: Name: 151 N.W. 207 AVE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: Title: () Delete Title: (X) Change () Addition MUELLER, PETER Name: HEYENS, MATT Name: Address: 262 JEAN STREET Address: 1319 FORESTEDGE BLVD City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: OLDSMAR, FL 34677 Title: () Delete Title: (X) Change () Addition BLOXAM, COREY MULLER, PETER Name: Name: 1372 INDIAN TRAIL SOUTH Address: Address: 262 JEAN ST. City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: (X) Change () Addition Name: HEYENS, MATT Name: BLOXAM, COREY 1319 FORESTRIDGE BLVD Address: Address: 1372 INDIAN TRAIL SOUTH City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: () Change (X) Addition FURLONG, MAX Name: Name: 5017 SHORE CREST CR. Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33609 Title: () Delete Title: () Change (X) Addition FURLONG, RICHARD Name: Name: Address: Address: 5017 SHORE CREST CR. TAMPA, FL 33609 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL PITTMAN P 06/22/2009