2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36866

OLER, MARK

794 BAYSIDE DR

CAPE CANAVERAL, FL 32920

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA ICE SPORTS, INC.

FILED Aug 09, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 794 BAYSIDE DR CAPE CANAVERAL, FL 32920 **Current Mailing Address: New Mailing Address:** 794 BAYSIDE DR CAPE CANAVERAL, FL 32920 FEI Number: 65-0199709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VARNEY, GERALD T 794 BAYSIDE DR CAPE CANAVERAL, FL 32920 US 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: () Change () Addition () Delete VARNEY, GERALD T Name: Name: 794 BAYSIDE DR Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: VSTD () Delete Title: () Change () Addition Name: GRIESHABER, ILENE A Name: Address: 794 BAYSIDE DR Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: **VSTD** () Delete Title: () Change () Addition WYTON, SHIRLEY Name: Name: Address: 794 BAYSIDE DR Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BISHOP, DEE Name: Address: 794 BAYSIDE DR Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GERALD T VARNEY P 08/09/2004