


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000984	
1. Entity Name CORAL SPRINGS COBRAS ROLLER HOCKEY CLUB, INC.	

Principal Place of Business RIVERSIDE PARK CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	Mailing Address % P.O. BOX 8883 CORAL SPRINGS, FL 33065
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01222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0654713	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNN, MARGARET 11205 W. ATLANTIC BLVD., #302 CORAL SPRINGS, FL 33071
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**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 reinstating) **DATE** _____

Filing Fee is \$81.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME DUNN, MARGARET
STREET ADDRESS 11205 W. ATLANTIC BLVD., #302	CITY-ST-ZIP CORAL SPRINGS, FL 33071
TITLE SD	NAME CLANCY, MARI
STREET ADDRESS 10259 NW 52 STREET	CITY-ST-ZIP CORAL SPRINGS, FL 33076
TITLE SD	NAME RICH, STEVEN
STREET ADDRESS 5478 NW 106 DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33076
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

000000013302
01/26/04-80049-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: *Margaret Dunn* **01-22-04** **305-629-2581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #