


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90017 017 \*\*\*\*61.25

<b>DOCUMENT # N98000005769</b>	
1. Entity Name <b>FLORIDA SCHOLASTIC HOCKEY LEAGUE, INC.</b>	

Principal Place of Business <b>350 E. LAS OLAS BLVD. SUITE 1700 FT. LAUDERDALE, FL 33301</b>	Mailing Address <b>350 E. LAS OLAS BLVD. SUITE 1700 FT. LAUDERDALE, FL 33301</b>
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**94010485**



2. Principal Place of Business <b>5258 LINCOLN BLVD. Suite, Apt. #, etc. # 204</b>	3. Mailing Address <b>5258 LINCOLN BLVD. Suite, Apt. #, etc. # 204</b>
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02022004 Chg-NP CR2E037 (10/03)

City & State <b>DELRAY BEACH, FLORIDA</b>	City & State <b>DELRAY BEACH, FLORIDA</b>
Zip <b>33484</b>	Zip <b>33484</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>52-2124932</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SOUTH FLORIDA REGISTERED AGENTS, INC. 350 E. LAS OLAS BLVD SUITE 1700 FT. LAUDERDALE, FL 33301</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHUCK, KELLY 11751 SW 24 ST. DAVIE, FL 33325 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERKOWITZ, ALAN 5315 NW 118 AVE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REINER, JANE 5625 NW 77 TERRACE CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PEARLMAN, PETER 4451 WOODFIELD BLVD BOCA RATON, FL 33434 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Peter Pearlman **PETER PEARLMAN** 2-2-04 561-495-0808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #