

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/21

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-02-2004 90074 028 \*\*\*150.00

|                                                                   |  |                                                                                   |
|-------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000058970</b>                                    |  |  |
| 1. Entity Name<br><b>ASHEVILLE PROFESSIONAL HOCKEY CLUB, INC.</b> |  |                                                                                   |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>127 N. MAGNOLIA AVENUE<br/>ORLANDO, FL 32801</b> | Mailing Address<br><b>127 N. MAGNOLIA AVENUE<br/>ORLANDO, FL 32801</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

**66433810**



|                                                                                        |                                                                   |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>ASHEVILLE CIVIL CENTER</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>87 HAYWOOD ST</b><br>Suite, Apt. #, etc. |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|

08242004 Chg-P CR2E034 (10/03)

|                                     |                                     |                                   |                                                        |
|-------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------------------------|
| City & State<br><b>ASHEVILLE NC</b> | City & State<br><b>ASHEVILLE NC</b> | 4. FEI Number<br><b>200367804</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>28801</b>                 | Country<br><b>USA</b>               | Zip<br><b>28801</b>               | Country<br><b>USA</b>                                  |

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>AMERICAN INFORMATION SERVICES, INC.<br/>255 SOUTH ORANGE AVENUE<br/>SUITE 1700<br/>ORLANDO, FL 32801</b> |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               | Zip Code |

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

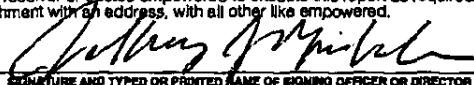
**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WARONKER, DAVID<br/>127 N. MAGNOLIA AVENUE<br/>ORLANDO, FL 32801</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WARONKER, RUTH<br/>127 N. MAGNOLIA AVENUE<br/>ORLANDO, FL 32801</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>JEFFREY J. BRUBAKER<br/>1715 W. MARKET ST<br/>GREENSBORO NC 27403</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>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 607, 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:  8-12-04 828-350-7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**JEFFREY J. BRUBAKER**