FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006573

1. Corporation Name

Principal Place of Business

FLORIDA PANTHERS ICE VENTURES, INC.

May 11, 1999 8:00 am Secretary of State
05-11-1999 90025 042 ***150.00

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STE 1400	T LAUDERDALE FL 33301 FT LAUDERDALE FL 33301			DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed 01/23/1997	SPACE_		
<u></u>		La Mariera Addition			4. FEI Number	$\top \top_{i}$	Applied For
	ace of Business	2a. Mailing Address			1	L	Not Applicable
21		26			65-0722833		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired		Additional Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Zip Country			This corporation owes the current year Inta Personal Property Tax.	ngible X Yes	□No
24	25		30		10. Name and Address of New Registered A		
	g. Name and Address of Currer	it Registered Agent	81	Name	10. Name and Address of New Registered A	gent	
AMERICAN INFORMATION SERVICES, INC.					O Day Number in Net Acceptable)		
	THIRD AVE		82	Street A	Address (P.O. Box Number is Not Acceptable)		
	I FLOOR		83				
MIAN	All FL 33131		84	City	FL	85 Zip	Code
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flor	uthorized by rida Statutes	the corpo	corporation submits this statement for the purpose of c ration's board of directors. I hereby accept the appoin	hanging i tment as i	ts registered registered
0,0,0,0,0	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered Age	nt signature re	quired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P	☐ DELETE	1.1 TITLE			Change	e 🗌 Addition
NAME	ROCHON, RICHARD C		1.2 NAME	Į			
STREET ADDRESS	450 E LAS OLAS BLVD. STE 1	1400	1.3 STREE	TADDRESS	450 E. Las Olas Blvd., #150	0	
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY-S	T-ZIP	•		
TITLE	VP	☐ DELETE	2.1 TITLE		VPD	Change	B Addition
NAME	PIERCE, WILLIAM M		2.2 NAME	ļ			· ·
	450 E LAS OLAS BLVD, STE 1	1400		T ADDRESS			
STREET ADDRESS		1400	1				
CITY-ST-ZIP	FT LAUDERDALE FL 33301	☐ DELETE	2. 4 CITY-1	51-ZIP		Change	e Addition
TITLE	TVP	□ ACTELE					
NAME	DAURIA, STEVEN M	1400	3.2 NAME	_			1
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1	1400		TADDRESS			Ì
CITY-ST-ZIP	FT LAUDERDALE FL 33301		3,4. CITY-	ST-ZIP		▼ Change	e Addition
TITLE	SVP	☐ DELETÉ	4,1 TITLE			ALI Unange	, Paddition
NAME	HANDLEY, RICHARD L		4. 2 NAME				
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1	1400	4,3 STREE	TADDRESS	450 E. Las Olas Blvd., #150	U	
CITY-ST-ZIP	FT LAUDERDALE FL 33301		4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	1		Change	e
NAME			5,2 NAME				ļ
STREET ADDRESS			5.3 STREE	TADDRESS			j
CITY-ST-ZIP			5.4 CITY-9	ST-ZIP	_		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e 🔲 Addition
NAME		_	6.2 NAME	[ļ
STREET ADDRESS			6,3 STREE	T ADDRESS			1
CITY-ST-7IP			6,4 CITY-S				Ì
1 CHY-Si-AP (1						1

14. 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 annual report or supplemental annual 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 this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in the receiver of the corporation of the corpora

SIGNATURE:

Steven M. Dauria

954-712-1300

Daytime Phone #