FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91338 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008278

1. Entity Name

IMPACT HOCKEY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1900 GLADES RD	
Suite, Apt. #, etc.: 450	Suite, Apt. #, etc.:
City & State: BOCA RATON FL	City & State:
Zip: 33431 Country: US	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0755131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FRANKEL, MITCHELL

Street Address (P.O. Box Number is Not Acceptable): 1900 GLADES RD

SUITE 450

City: BOCA RATON FL Zip Code: 33431

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANKEL, MITCHELL
STREET ADDRESS	4306 SO OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	D
NAME	HUGHES, KENT
STREET ADDRESS	6 WINDMILL LANE
CITY-ST-ZIP	WESTWOOD, MA 02090
TITLE	D
NAME	HUGHES, MARGARET A
STREET ADDRESS	1524 SUMMERHILL AVE
CITY-ST-ZIP	MONTREAL, H3H 1B9 QUEBEC CA
TITLE	
NAME	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] KENT HUGHES 4/30/02 (781) 440-9506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #