2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							FILED Apr 14, 2003 8:00 am Secretary of State					
DOCU	MENT # P970 0	00049960	,				26	ecretary	01.2	la	te	
1. Entity Name PANTHERS BOCA GENERAL PARTNER, INC.								4-14-2003 9094				
Principal Place 501 E. CAMIN CORPORATE BOCA RATON US	OFFICE	Mailing Address PO BOX 5025 CORPORATE OFFICE BOCA RATON FL 33431 US										
2. Principal F	Place of Business	3. Mailing Address	 -			1	i 100 181 140	14111 1 381 11 80 111 80111 80111	13111 BIBIS 18111		HII 46 11 1 84 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Star	te	City & State	_			4. FEI	Number	65-0762243		-1	olied For Applicable	
Zip	Country	Zip	Count	ry .		5. Cer	tificate of S	tatus Desired	\$8.75 Fee Re			
	6. Name and Address of Current	Registered Agent				7. Nan	e and Add	lress of New Regist	ered Agent			
AMEDICAN INFORMATION OFFINICES INC				Name								
AMERICAN INFORMATION SERVICES INC. ONE S.E. THIRD AVE., 27TH FLOOR				Street Add	dress (F	P.O. Box	Number is I	Not Acceptable)				
MIAMI FL 33131												
				City					FL Zip	Code		
	e named entity submits this statement fo	or the purpose of changing its	registere	d office or re	egistere	ed agent,	or both, in	the State of Florida.	I am familiar	with, a	ind accept	
the obliga	tions of registered agent.											
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered	Agent signature	- required t	when rainsta	ting)		DATE			
	ILE NOW!!! FEE IS \$150.00					1						
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State						n Campaign Financin und Contribution.	· - 7		May Be to Fees	
10.	OFFICERS AND	<u></u>	11.			ADDII	IONS/CH4	NGES TO OFFICERS	S AND DIREC	TORS	JN 11	
TITLE	DV	X Delete	TITLE		DV		101407011	TAGES TO OFFICE A	☐ Cha		Addition	
NAME	PIERCE, WILLIAM M	O.M.	NAME			YNE I	MOOR		_	·	-	
	501 E. CAMINO REAL			STREET ADDRESS 50			l E CAMINO REAL					
CITY-ST-ZIP	BOCA RATON FL 33432		━—	ST-ZIP	_BOC			_FL_33432				
TITLE NAME	POCHON BICHARD C	🔀 Delete	TITLE		Ρ				☐ Cha	inge	Addition	
STREET ADDRESS	ROCHON, RICHARD C 450 E. LAS OLAS BLVD., #1500			T ADDRESS			DAVID					
CITY-ST-ZIP	FT LAUDERDALE FL 33301			ST-ZIP				REAL				
TITLE	VT	XI Delete	TITLE		A.L.	SA K A	I.T.OM —	FL 33432	Cha	inge	Addition	
NAME	DAURIA, STEVEN M		NAME	1	FIN	NOCCI	HIARO	, MARY JO				
STREET ADDRESS	501 E. CAMIMO REAL			T ADDRESS	501	le ca	ONIMA	REAL				
CITY-ST-ZIP	BOCA RATON FL 33432			ST-ZIP	BOC	CA RA	NOT	FL 33432				
TITLE NAME	SV HANDLEY, RICHARD L	☐ Delete	TITLE NAME						☐ Cha	nge	☐ Addition	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1500			T ADDRESS							}	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	_		ST-ZIP								
TITLE	P	☐ Delete	TITLE						☐ Cha	nge	☐ Addition	
NAME	FEDER, DAVID S		NAME					,			1	
STREET ADDRESS CITY-ST-ZIP	501 E. CAMINO REAL BOCA RATON FL 33432	•		T ADDRESS ST-ZIP							1	
TITLE	DOOM INTON I C SOME	Delete	TITLE						☐ Cha	nne	Addition	
NAME		CT Deter	NAME						LJ UIB	nyu	☐ Vogition	
STREET ADDRESS				T ADDRESS							Ì	

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP