## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Finocchiaro SIGNATURE: Mary Jo Finocchiaro VWW C

## Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P97000091616 1. Entity Name 04-23-2004 90245 023 \*\*\*150.00 FLORIDA PANTHERS NAPLES, INC. Principal Place of Business Mailing Address P 0 BOX 5025 501 E. CAMINO REAL CORPORATE OFFICE CORPORATE OFFICE BOCA RATON, FL 33432 BOCA RATON, FL 33431 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0792647 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE SE THIRD AVENUE 28TH FLOOR MIAMI, FL 33131 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. Lam familiar with and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. $\Box$ Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPD Change ☐ Addition TITLE ☐ Delete TITLE MOOR, WAYNE MOOR, WAYNE NAME NAME 501 E CAMINO REAL STREET ADDRESS 501 E. CAMINO REAL STREET ADDRESS CITY-ST-70P BOCA RATON, FL 33432 CITY-ST-ZIE BOCA RATON, FL 33432 <u>V/T</u> TVP ☐ Addition TITLE ☐ Delete TITLE X Change PINOCCHIARO, MARY JO FINOCCHIARO, MARYJO NAME STREET ADDRESS 501 E. CAMINO REAL STREET ADDRESS 501 E. CAMINO REAL CITY-ST-70P BOCA RATON, FL 33432 CITY-ST-ZIP BOCA RATON, FL 33432 Change Addition SV Delete TITLE TITLE S/V/D HANDLEY, RICHARD L NAME NAME HANDLEY, RICHARD L STREET ADDRESS STREET ADDRESS 450 E. LAS OLAS BLVD., #1500 450 E. LAS OLAS BLVD. #1500 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 ☐ Delete Addition TITLE FEDER, DAVID S NAME STREET ADDRESS 501 E. CAMINO REAL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 ☐ Change Addition ☐ Delete TITLE NAME NAME STIRK, ROBERT STREET ADDRESS STREET ADDRESS 501 E. CAMINO REAL CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED