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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000100952 (5)

THE FLORIDA HOCKEY NEWS, INC.

Principal Place of Business	Mailing Address	
1153 VIKING DRIVE PORT ORANGE FL 32119	1153 VIKING DRIVE PORT ORANGE FL 32119	

FILED May 04 1998 8:00am Secretary of State



1153 VIKING DRIVE PORT ORANGE FL 32119		1153 VIKING DRIVE PORT ORANGE FL 3211	1153 VIKING DRIVE PORT ORANGE FL 32119		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 11/25/1997			
21 2 2 2 2 2 2		2a. Mailing Address 26	26 Suite, Apt. #, etc.		4. FEI Number 59-3479600		Applied For Not Applicable	
		27			Certificate of Status Desired Status Desired Status Desired Fee Required			
City & S 23		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to		
Zip 24	Country 25	Zip 29	Countr 30	y 	This corporation owes or has paid the operation of Personal Property Tax due June 30.	🗌 Yes 🔣		
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Registers	d Agent		
	CROWDER, TERRY JAMES		[0]	Name				
1153 VIKING DRIVE PORT ORANGE FL 32119			L.	82 Street Address (P.O. Box Number is Not Acceptable) 83				
			0.0					
			84	City	F	85 Zip Co	ode	
11. Pursua office o	int to the provisions of Sections 607.0 or registered agent, or both, in the Sta	502 and 607,1508, Florida Statu te of Florida, Such change was	tes, the above authorized but to state the desired but the desired but to state the desired but t	re-named cor y the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its population	registered egistered	
SIGNATUR			There	L /	1/27	198		
BIGINATUR	E TERRY JAMES Co. Signature, typed or printed name of registered a	agent and title if applicable (NO	It: Register	ont signature requ	pred when reinstating) DATE			
12,		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	P/5/D	☐ DELETE	1.4 TITLE			Change	Addition	
NAME	TERRY JAMES CRE	a A	1.2 NAME					
STREET ADDRES	PORT DRANGE FL	31.46	1.3 STREE	T ADDRESS				
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		100000	TT 4 ddition	
TITLE	JULIA ANN CROWDA	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	Lang Willer All Daile	•	2.2 NAME					
STREET ADDRES				T ADDRESS				
CITY-ST-ZIP	<u> </u>	DELETE	2 4 CITY- 3 1 TITLE	SI-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	MATHANIAL JAMES CH	rowden	3.2 NAME			oninge		
STREET ADDRES	1158 VIKING DRIVE			T ADDRESS			}	
CITY-ST-ZIP	MATHANIBL SAMBS OF 1158 VIKING DRIVE PORT ORANGE, FL	32/19	3.4. C(1Y-				Ì	
TITLE		DELETÉ	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRES	ss		4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 City-	ST-ZIP				
TITLE		☐ DELET E	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRES	ss		5.3 STREE	ADDRESS				
CITY-ST-ZIP		·	5.4 CITY-	S1-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRES	\$\$		6.3 STREE	T ADDRESS				
CITY-ST-ZIP	1		6.4 CITY-3	ST-ZIP				

Thereby 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 trustee 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, or on an attachment with an address.