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Secretary of State

05-06-1999 90070 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000045978 1. Corporation Name ORLANDO PRO-INLINE HOCKEY, INC.			
Principal Place of Business 746 FLEET FINANCIAL CENTER, SUITE 100 LONGWOOD FL 32750		Mailing Address 746 FLEET FINANCIAL CENTER, SUITE 100 LONGWOOD FL 32750	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent ALPER, GLENN V 746 FLEET FINANCIAL CENTER, SUITE 100 LONGWOOD FL 32750		10. Name and Address of New Registered Agent 81 Name RICHARD S. GRIFFITH SR. 82 Street Address (P.O. Box Number is Not Acceptable) 14336 DULCIMER CT 83 84 City ORLANDO FL 85 Zip Code 32837	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE April 28, 1999			
12. OFFICERS AND DIRECTORS TITLE President NAME GLENN V. ALPER <input checked="" type="checkbox"/> DELETE STREET ADDRESS 746 Fleet Financial Ctr. St 100 CITY-ST-ZIP Longwood, FL 32750		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME RICHARD S. GRIFFITH SR. 1.3 STREET ADDRESS 14336 Dulcimer Ct 1.4 CITY-ST-ZIP Orlando, FL 32837	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **467-767-7874**
April 28, 1999
 Date Daytime Phone #

CR2E034 (11/98)