

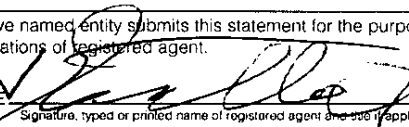
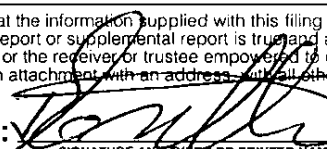


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90228 037 ***150.00

DOCUMENT # V46021 1. Entity Name MIAMI ICE ARENA, INC.					
Principal Place of Business 644 E HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009 US			Mailing Address 644 E. HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009 US		
2. Principal Place of Business - No P.O. Box # 2313 SW 57 Terrace Suite, Apt. #, etc.		3. Mailing Address 2313 SW 57 Terrace Suite, Apt. #, etc.			
City & State Hollywood FL		City & State Hollywood FL		4. FEI Number 65-0345187	
Zip 33023		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIESENBERG, RICHARD 644 E. HALLANDALE BEACH BOULEVARD HALLANDALE BEACH, FL 33009				7. Name and Address of New Registered Agent Name Ernest Caparelli Street Address (P.O. Box Number is Not Acceptable) 2313 SW 57 Terrace City Hollywood FL Zip Code 33023	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Ernest Caparelli 4/4/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERNEST, CAPARELLI 2313 SW 57TH TERRACE HOLLYWOOD, FL 33023 <i>Name is Backwards</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Ernest Caparelli 2313 SW 57 Terrace HOLLYWOOD FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EPSTEIN, SHLOMO 2313 SW 57TH TERRACE HOLLYWOOD, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE:  Ernest Caparelli <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/4/07 954 962 0556 <small>Date Daytime Phone #</small>		