

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007817

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** PRESTIGE SPORTS NORTH AMERICA, LLC

**Current Principal Place of Business:**

2909 BAY TO BAY BLVD.  
SUITE B  
TAMPA, FL 33629

**New Principal Place of Business:**

2906 BAY TO BAY BLVD.  
SUITE B  
TAMPA, FL 33629

**Current Mailing Address:**

2909 BAY TO BAY BLVD.  
SUITE B  
TAMPA, FL 33629

**New Mailing Address:**

2906 BAY TO BAY BLVD.  
SUITE B  
TAMPA, FL 33629

FEI Number: 59-3719476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD., STE. 309  
TAMPA, FL 33629

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MCGRAW, MICHAEL G  
Address: 2906 B BAY TO BAY BLVD. SUITE B  
City-St-Zip: TAMPA, FL 33629

Title: MGR ( ) Delete  
Name: HARKNESS, TIMOTHY C  
Address: 2906 B BAY TO BAY BLVD. SUITE B  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL MCGRAW

MGR

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date