File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 20 AH IO: 14 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SCORE PART OF STATE TALL AHASSEE, FLORIDA **DOCUMENT # 197000000553** 1a. Principal Place of Business Address THE FUTBOL-SOCCER COMPANY, L.C. 2735 W 61 PL, SUITE 106 2735 W 61 PL, SUITE 106 HIALEAH-FL 33016 HIALEAH FL 33016 2 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation Mailing Address P.O. Box 347364 05/16/1997 FLS'AME Suite Apt. #. etc 4. FEI Number Applied For 65-0798526 City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country \$8.75 Additional Fee Required 05/04/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office DAVILA, JAIME 2735 W 61 PL, SUITE 106 Street Address (P.O. Box Number Is Not Acceptable) HTALEAH FL 33016 Suite. Apt #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE (Skylistrical Agent Acorphisis Agents togeth). (Will) Beginse (Agent Skylistrication) and who are obtained **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGRM DAVILA, JAIME 2735 W 61 PL, SUITE 106 HIALEAH FL MGRM DAVILA, JORGE 2735 W 61 PL, SUITE 106 HIALEAH FL 200002853612---04/27/99--01069--020 ****197.50 ****197.50 I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. I further certify that the information respected on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the lines of liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address SIGNATURE: aime Davila