

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000305837

**Entity Name:** GOLFNOW, LLC**Current Principal Place of Business:**7580 GOLF CHANNEL DR.  
ORLANDO, FL 32819**Current Mailing Address:**100 UNIVERSAL CITY PLAZA  
UNIVERSAL CITY, CA 91608 US**FEI Number:** 27-4684487**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Authorized Person(s) Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | MGR                  |
| Name            | HARRIS, KIMBERLEY D  |
| Address         | 30 ROCKEFELLER PLAZA |
| City-State-Zip: | NEW YORK NY 10112    |

|                 |                      |
|-----------------|----------------------|
| Title           | MGR                  |
| Name            | KINI, ANAND          |
| Address         | 30 ROCKEFELLER PLAZA |
| City-State-Zip: | NEW YORK NY 10112    |

|                 |                   |
|-----------------|-------------------|
| Title           | SECRETARY         |
| Name            | EITINGON, ANDREW  |
| Address         | 620 FIFTH AVENUE  |
| City-State-Zip: | NEW YORK NY 10020 |

|                 |                           |
|-----------------|---------------------------|
| Title           | AUTHORIZED REPRESENTATIVE |
| Name            | MADADI, SHEETAL           |
| Address         | 100 UNIVERSAL CITY PLAZA  |
| City-State-Zip: | UNIVERSAL CITY CA 91608   |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHEETAL MADADI**AUTHORIZED  
REPRESENTATIVE**

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date