

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002077

Entity Name: LEARFIELD SPORTS, LLC**Current Principal Place of Business:**505 HOBBS ROAD
JEFFERSON CITY, MO 65109**Current Mailing Address:**505 HOBBS ROAD
JEFFERSON CITY, MO 65109 US**FEI Number:** 90-0776492**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 MANAGER
Name BROWN, GREG
Address 505 HOBBS ROAD
City-State-Zip: JEFFERSON CITY MO 65109

Title MANAGER
Name GARDNER, ROGER
Address 505 HOBBS ROAD
City-State-Zip: JEFFERSON CITY MO 65109

Title MANAGER
Name GAUSVIK, MARTY
Address 505 HOBBS ROAD
City-State-Zip: JEFFERSON CITY MO 65109

Title MANAGER
Name KOENIGSFELD, STAN
Address 505 HOBBS ROAD
City-State-Zip: JEFFERSON CITY MO 65109

Title MANAGER
Name RAWLINGS, ANDY
Address 505 HOBBS ROAD
City-State-Zip: JEFFERSON CITY MO 65109

Title MANAGER
Name RESNIKOFF, ALAN
Address 505 HOBBS ROAD
City-State-Zip: JEFFERSON CITY MO 65109

Title MANAGER
Name WYNPERLE, WILLIAM
Address 505 HOBBS ROAD
City-State-Zip: JEFFERSON CITY MO 65109

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: MARTY GAUSVIK

MANAGER

04/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date