2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001043

1. Entity Name

ARENA OPERATING COMPANY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 PM 2:03

Principal Place of Business	Mailing Address
~~501 E. CAMINO REAL~~ ~~CORPORATE OFFICE~~ ~~BOCA RATON FL 33432~~	~~P.O. BOX 5025~~ ~~CORPORATE OFFICE~~ ~~BOCA RATON FL 33431~~

2. Principal Place of Business	3. Mailing Address
One Panther Parkway Suite, Apt. #, etc.	One Panther Parkway Suite, Apt. #, etc.
Sunrise FL City & State	Sunrise FL City & State
33323 Zip / Country US	33323 Zip / Country US

DUE BY MAY 1, 2002

4. FEI Number 65-0683996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~AMERICAN INFORMATION SERVICES, INC.~~ ~~ONE S.E. THIRD AVENUE, 27TH FLOOR~~ ~~MIAMI FL 33131~~	Name: William Duffy Street Address (P.O. Box Number is Not Acceptable): One Panther Parkway City: Sunrise FL Zip Code: 33323

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.

SIGNATURE _____ DATE 4.30.02
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$500.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000046683	STREET ADDRESS	One Panther Parkway
NAME	ARENA OPERATING COMPANY, INC.	CITY-ST-ZIP	Sunrise, FL 33323
STREET ADDRESS	~~501 E. CAMINO REAL~~		
CITY-ST-ZIP	~~BOCA RATON FL 33432~~		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #