

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000000 886

1. Entity Name

CIGARZ AT THE ORLANDO ARENA, LLC

FILED

01 MAY 23 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
600 West Amelia St. 600 West Amelia St.
Orlando, Florida 32801 Orlando, Florida 32801

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-3673458 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Michael A. V. O'Quinn
28 West Central Blvd. 4th floor
Orlando, FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Managing member
Arena Entertainment, LLC
600 West Amelia St.
Orlando, FL 32801
Change Addition
700004425677-7
-06/18/01--01151--005
*****55.00 *****55.00
Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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 [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)