

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 17, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000002773****1. Entity Name**
SYNTHETIC TURF INTERNATIONAL, LLC

Principal Place of Business C/O CAMPBELL 243 RIVER DRIVE TEQUESTA 33469 FL	Mailing Address C/O CAMPBELL 243 RIVER DRIVE TEQUESTA 33469 FL
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2. Principal Place of Business C/O M. CAMPBELL Suite, Apt. #, etc. 1097 JUPITER PARK LANE - SUITE ONE JUPITER FL	3. Mailing Address C/O M. CAMPBELL Suite, Apt. #, etc. 1097 JUPITER PARK LANE - SUITE ONE JUPITER FL
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4. FEI Number 65-0983475	Applied For <input type="checkbox"/> Additional <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

Zip 33458	Country US	Zip 33458	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE CHARLES L 725 NORTH A1A, SUITE E-102 JUPITER 33477 US FL	7. Name and Address of New Registered Agent Name CAMPBELL MARVELLA STREAS Street Address (P.O. Box Number is Not Acceptable) 243 RIVER DRIVE City TEQUESTA FL Zip Code 33469
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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 MARVELLA S. CAMPBELL****01/17/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL MARVELLA 243 RIVER DRIVE TEQUESTA FL 33469	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL MARVELLA STREAS 243 RIVER DRIVE TEQUESTA FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY JOHN J 5956 SHERRY LANE, SUITE 710 DALLAS TX 75225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY JOHN JCHAIRMN 5956 SHERRY LANE, SUITE 710 DALLAS TX 75225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL WILLIAM E 243 RIVER DRIVE TEQUESTA FL 33469	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL WILLIAM EPRES 243 RIVER DRIVE TEQUESTA FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. 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 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: Marvella S. Campbell****Trea 01/17/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)