FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 19, 2002 8:00 am Secretary of State DOCUMENT # L0000003617 02-19-2002 90029 026 ****50.00 GOLFBALL GRAPHICS, L.L.C. Mailing Address Principal Place of Business 1984 SW. BILTMORE ST., STE 102 1984 SW BILTMORE ST., STE 102 PORT ST. LUCIE FL 34984 PORT ST. NUCIE FL 34984 2. Principal Place of Business いじみ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0984842 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACDONALD, JAMES P Street Address (P.O. Box Number is Not Acceptable) 443 SE EVERGREEN TERRACE PORT ST. LUCIE FL 34983 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. President MGRM ☐ Addition ☐ Delete TITLE TITLE MACDONALD, JAMES P NAME NAME STREET ADDRESS 443 SE EVERGREEN TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☐ Change MGRM ☐ Addition TITLE ☐ Delete TITLE MACDONALD, LYNN NAME NAME STREET ADDRESS 443 SE EVERGREEN TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☐ Addition TITLE **Delete** TITLE Change DIEFENDORF, JAMES WALTER NAME NAME STREET ADDRESS STREET ADDRESS 438 NATIVITY TERR CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL 34952 ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 by the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.