

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004469

1. Entity Name

GWH MOTORSPORT MEDIA LLC

Principal Place of Business

543 MARINA POINT DR.
DAYTONA BEACH FL 32114

Mailing Address

543 MARINA POINT DR.
DAYTONA BEACH FL 32114

2. Principal Place of Business

543 MARINA POINT DR

Suite, Apt. #, etc.

543

3. Mailing Address

543 MARINA POINT DR

Suite, Apt. #, etc.

543

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

Zip

32114

Country

USA

Zip

32114

Country

USA

4. FEI Number

393-02-8228

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOBBS, GUY
543 MARINA POINT DRIVE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name HOBBS GUY
Street Address (P.O. Box Number is Not Acceptable)

543 MARINA POINT DR

City DAYTONA BEACH

FL

Zip Code

32114

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
Guy Hobbs
543 MARINA POINT DR
DAYTONA BEACH, FL 32114

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
SOLE OWNER

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE: [Signature]

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

Date

Daytime Phone #

9-1-02 3962386933

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-22-2002 90271 034 ****50.00

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DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)