~2003 LIMITED LIABILITY COMPANY

| UNIFORM | BUSINESS | REPO | RT | ļÚB |
|----------------|-----------|------|---------------|-----|
| DOCUMENT # [| 010000051 | 64 | $\overline{}$ | 6 |
| 1. Entity Name | 1 6000001 | 04 | // | 1 |



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90269 044 ****50.00

| Bartong | S SPORTS & ENTERTAINME | NT, LLC | | |
|--|--|--|--|--|
| Principal Plac | ce of Business | Mailing Address | | |
| BARTON G. WI 3628 NE 2ND A MIAMI FL 3313 | | BARTON G. WEISS PRESIDE 3628 NE 2ND AVE MIAMI FL 33137 | nt/BGW design | I TRANSAN DIK BANDI HANI DANI BANK ADIN BANK ADIN DANK DINA DINA DINA DINA DINA DINA |
| 2. Principal F | Place of Business | 3. Mailing Address | | |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES |
| City & Stat | te . | City & State | | 4. FEI Number 75-3063864 Applied F |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$5.00 Additional Fee Required |
| | 6. Name and Address of Current | t Registered Agent | | 7. Name and Address of New Registered Agent |
| DAD | NETT COOTE | | Name | |
| BARNETT, SCOTT F 234 EAST DAVIS BOULEVARD TAMPA FL 33606 | | Street Address | s (P.O. Box Number is Not Acceptable) | |
| ; | , | | City | FL Zip Code |
| 8. The above | named entity submits this statement for | or the purpose of changing its r | egistered office or registe | ered agent, or both, in the State of Florida. I am familiar with, and ac |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable /NOTE: | Registered Agent signature require | red when reinstating) DATE |
| | og and a prince again | | | |
| . ' | | Make Check Payable | W!!! FEE IS \$50.00 | 1 |
| | <i>;</i> | | By May 1, 2003 | lett of State |
| 9. | MANAGING MEMB | | 10. | ADDITIONS/CHANGES |
| TITLE | MGR | ☐ Delete | TITLE | Change A |
| NAME | WEISS, BARTON G | <u> </u> | NAME | |
| STREET ADDRESS | 3628 NE 2ND AVE. | | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33137 | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Ad |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
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| NAME | | bdigit | NAME | Only rai |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | Į. | | CITY-ST-ZIP | V. |
| | | | 0111-31-211 | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Ad |
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| NAME STREET ADDRESS ; CITY-ST-ZIP TITLE NAME | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | |
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n this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information indicated on this report is true and limited liability company or the recei

SIGNATURE

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE