## DOCUMENT # L01000007817 1. Entity Name

PRESTIGE SPORTS NORTH AMERICA, LLC

Principal Place of Business

2. Principal Place of Business

Mailing Address

2909 BAY TO BAY BLVD., STE. 410 TAMPA FL 33629

2909 BAY TO BAY BLVD., STE. 410

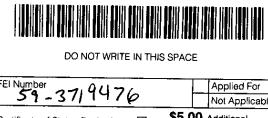
**TAMPA FL 33629** 

3. Mailing Address

## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 12, 2002 8:00 am Secretary of State

05-12-2002 90591 042 \*\*\*\*50.00



Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	Jity & State		4. FEI Number 59-3719476		Applied For	
Zip	Country	Zip	Country		e of Status Desired	\$5.00 Ad		
	6. Name and Address of Current Reg	istered Agent		7. Name an	d Address of New Registered		···········	
45			Name					
MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., STE. 309 TAMPA FL 33629			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Cod	de	
8. The above	e named entity submits this statement for the	e if applicable. (NOTE	: Registered Agent signature re	equired when reinstating)	oth, in the State of Florida.			
		Make Check Pa	DW!!! FEE IS \$50 yable to Departme By May 1, 2002				[	
/ 9.	MANAGING MEMBERS/I	MANAGERS	10.		ADDITIONS/CHANGES	· · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGRAW, MICHAEL G 2909 BAY TO BAY BLVD., STE. 410 TAMPA FL 33629	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARKNESS, TIMOTHY C 2909 BAY TO BAY BLVD., STE. 410 TAMPA FL 33629	☐ Delete	TITLE NAME STREET ADDRESS C/TY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP.		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME			☐ Change	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:

NA

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

P13-835-0766