FILED
Jul 25, 2002 8:00 am
Secretary of State

05-06-2002 90125 036 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015487

1. Entity Name

PLAYMOREGOLFGAMES MARKETING, LLC

Principal Place of Business	Mailing Address
934 NORTH MAGNOLIA AVENUE, SUITE 200 ORLANDO FL 32803	934 NORTH MAGNOLIA AVENUE, SUITE 200 ORLANDO FL 32803

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3739736 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIRLEY, JONATHAN W
171 CIRCLE DRIVE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name: Les Sherman or Brian Tomooka

Street Address (P.O. Box Number is Not Acceptable): 934 N. Magnolia Ave. Suite 200

City: Orlando, FL FL Zip Code: 32803

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: Les Sherman Brian Tomooka 7/17/02

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 STREET ADDRESS CITY-ST-ZIP	Owner Les Sherman 934 N. Magnolia Ave. Ste. 200 Orlando, FL 32803	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Brian Tomooka 934 N. Magnolia Ave. Ste. 200 Orlando, FL 32803	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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: B. Tomooka REQUIRED 4/19/02 4098368975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #