

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90230 015 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015739

1. Entity Name
THE HITTING ZONE, L.L.C.

Principal Place of Business
8328 N. FLORIDA AVE.
TAMPA FL 33604

Mailing Address
C/O TEMPLE H. DRUMMOND, ESQ.
P.O. BOX 3273
TAMPA FL 33601

87011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number
59 3344068

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRUMMOND, TEMPLE H
8328 N. FLORIDA AVE.
TAMPA FL 33604

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 A. DAVID KENT, JR. (President) A. David Kent Jr 4/8/2001
Signature, typed or printed name of registered agent and FEL 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~~ DAVID KENT (President)

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
The Hitting Zone L.L.C.
8328 N. FLORIDA AVE
TAMPA, FLORIDA 33604

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
CITY-ST-ZIP Delete

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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

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: A. DAVID KENT, JR. (President) A. David Kent Jr 4/8/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)