| LIMITED LIABILITY COMPANY<br>UNIFORM BUSINESS REPORT (UBR) |   |   |  | FILED<br>May 22, 2002 8:00 am  |
|--|---|---|--|--|
| DOCU   | JMENT #/ 0/ 00  | 001795  | $\overline{\mathbf{c}}$  | <b>Secretary of State</b><br>05-22-2002 90202 027 ****50.00  |
| 1. Entity Nar  | REIF SPORTS   | MARKET:   | ING  | 05-22-2002 90202 027 50.00   |
|  | DO NOT WRITE  | IN THIS S   | PACE   | -  |
|  | Place of Business<br><u>6 CHRISFIELD</u> LANE<br>A. #, etc. | 3. Maifing Address<br>13436 CH<br>Suite, Apt. #, etc. | (RISFIELD LANE   | DO NOT WRITE IN THIS SPACE   |
| McCordsville, IN Me  |   | McCOLOSVille  | P.IN   | 4. FEI Number 80 0032297 Applied For<br>Not Applicable   |
| 4605   | Country   | 46055   | Country  | S. Certificate of Status Desired Status Desired Fee Required   |
| 8. The above   | DO NOT W<br>IN THIS SP                                      | PACE  | Name<br>Street Address (I<br>SUN<br>ONE<br>City MIA  | 7. Name and Address of Current Registered Agent<br>RICAN INFORMATION SETVICES, INC.<br>(P.O. Box Number is Not Acceptable)<br>TRUST INTERNATIONAL CENTER<br>SOUTHEAST THIRD PAVE, 28 <sup>th</sup> FLOOR<br>MI FL Zip Code<br>33/31<br>pred agent, or both, in the State of Florida. |
| SIGNATURE .  |   |   |  | to agens, or oom, in the state of normal.  |
|  | Signature, typed or printed name of registered agent as     | Make Check Pa   | FEE IS \$50.00<br>ayable to Department of<br>DUE BY MAY 1  | of State   |
| 9.<br>TITLE  | MANAGING MEMBER   |   | TILE   |  |
| NAME<br>STREET ADDRESS<br>CITY - ST- ZIP                   | ROBERT R. REIF  | ANE   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-2IP             | •   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CR2E08   |
| TTTLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             |   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DO NOT WRITE   |
| TALE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP          |   |   | TITLE<br>NAME<br>STREET ADDRESS  | IN THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         |   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             |   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |
| 11. I hereby ce<br>indicated c<br>limited liab             | bility company or the receiver or trustee e                 | empowered to execute this r                           | r the exemption stated in Sect<br>the same legal effect as if ma<br>report arrequired by Chapter | ction 119.07(3)(0). Florida Statutes. I further certify that the information lade under oath; that I am a managing member or manager of the er 608, Florida Statutes.<br>4439/02 $317.335.9012$  |
|  |   | SIGNING MANAGING MEMBER, MAK                          | AARER, OR AUTHORIZED REPRESENT   |  |