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FILED
Apr 18, 2002 8:00 am
Secretary of State
02-19-2002 90029 033 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020950

1. Entity Name

INTERNATIONAL CLUB SUPPLIERS, LLC

DO NOT WRITE IN THIS SPACE

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 N. Tampa St.	
Suite, Apt. #, etc. 2960	Suite, Apt. #, etc. Same
City & State Tampa, FL	City & State
Zip 33602 Country USA	Zip Country

4. FEI Number 59 3752205 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name James K. Sartain

Street Address (P.O. Box Number is Not Acceptable) 400 N. Tampa St. Ste 2960

City Tampa FL Zip Code 33602

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 [signature] 2-11-02
Signature, type or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE Chief Executive Officer NAME James K. Sartain STREET ADDRESS 400 N. Tampa St. Ste 2960 CITY-ST-ZIP Tampa, FL 33602	TITLE → managing member NAME STREET ADDRESS CITY-ST-ZIP
TITLE Vice President NAME James Bailey STREET ADDRESS 400 N. Tampa St. Ste 2960 CITY-ST-ZIP Tampa, FL 33602	TITLE → managing member NAME STREET ADDRESS CITY-ST-ZIP
TITLE Member Manager NAME Chad Sartain STREET ADDRESS 400 N. Tampa St. Ste 2960 CITY-ST-ZIP Tampa, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE Member Manager NAME Rick Koenigsberger STREET ADDRESS 1301 Avenue of the Americas CITY-ST-ZIP 38th fl New York, N.Y. 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP **IN THIS SPACE**
TITLE Member Manager NAME Ken Picache STREET ADDRESS 1301 Avenue of the Americas 38th fl CITY-ST-ZIP New York, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E083B (12/01)

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: [signature] James K. Sartain, Jr. 2-11-02 813-222-0285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #