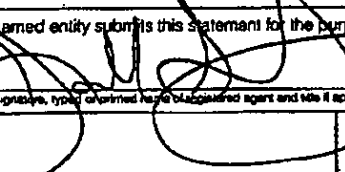
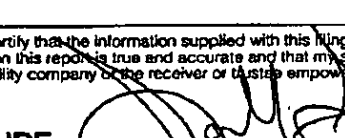


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02-19-2002 90029 033 *****50.00

DOCUMENT # L01000020950		02-19-2002 90029 033 ****5	
1. Entity Name INTERNATIONAL CLUB SUPPLIERS, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 400 N. Tampa St. Suite, Apt. #, etc. 2960 City & State Tampa, FL Zip 33602 Country USA		3. Mailing Address Suite, Apt. #, etc. Same City & State Tampa, FL Zip 33602 Country USA	
DO NOT WRITE IN THIS SPACE		DO NOT WRITE IN THIS SPACE	
4. FEI Number 59 3757205		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
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, typed or printed name of designated agent and date if applicable		DATE 2-11-02	
FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Chief Executive Officer James K. Sartain 400 N. Tampa St. Ste 2960 Tampa, FL 33602		Managing member	
Vice President James Bailey 400 N. Tampa St. Ste 2960 Tampa, FL 33602		Managing member	
Member Manager Chad Sartain 400 N. Tampa St. Ste 2960 Tampa, FL 33602		DO NOT WRITE IN THIS SPACE	
Member Manager Rick Koenigsberger 1301 Avenue of the Americas 38th Fl. New York, N.Y. 10019			
Member Manager Ken Picache 1301 Avenue of the Americas 38th Fl. New York, NY 10019			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 2-11-02 Daytime Phone # 813-222-0268	