

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000000127

FILED
Feb 11, 2003
Secretary of State

Entity Name: PARAMOUNT EVENT MANAGEMENT LLC

Current Principal Place of Business:

815 SOUTH MAIN STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

815 SOUTH MAIN STREET
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 30-0020932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, ROBERT J
815 SOUTH MAIN STREET
JACKSONVILLE, FL 32207

Name and Address of New Registered Agent:

BARNETT, JAMES G
815 SOUTH MAIN STREET
JACKSONVILLE, FL 32207

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: JAMES G. BARNETT

02/11/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BARNETT, JAMES G
Address: 815 S. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Change (X) Addition
Name: THOMAS, ROBERT D
Address: 815 S. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Change (X) Addition
Name: BURCH, DAVID L
Address: 2420 N. BECKLEY
City-St-Zip: LANCASTER, TX 75146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES G. BARNETT

MGR

02/11/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date