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## FILED Feb 21, 2003 8:00 am Secretary of State 01-06-2003 90130 014 \*\*\*\*50.00

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OCUMENT # LO2000( Entity Name CELEBRITY SPORTS, LLC	016630								
SEEDING! OF CITYON AND									
rincipal Place of Business	Malling Address								
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Principal Place of Business	3. Mailing Address				i I i i i i i i i i i i i i i i i i i i	FBSB i riût n	Office Arres cor	) <b>9 9</b> 11 13 44	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,			CHECK HERE IF MA	aking C	HANGES		
			<del></del>	4. FEI Num	101	<del></del>	Apr	lied For	
City & State	City & State	City & State			19-0019696		Not	Not Applicable	
Zin Country	Zip	Count	ту	6. Certificat	a of Status Desired		5:00 Addi		
2.0	`	<u> </u>			d Address of New Regist				
6. Name and Address of Curren	nt Registered Agent		Name	/					
PATRICIA LEBOW, P.A.		'	Ctroot Additions (	PO Box Numb	per is Not Acceptable)		· · · · ·		
ONE NORTH CLEMATIS STREET		L							
. #500 ·									
WEST PALM BEACH FL 33401			City			FL	Zip Code		
8. The above named entity submits this statement	for the gureen of changing its	s registera	ed office or register	red agent, or b	oth, in the State of Florida.	I am fa	miliar with, e	ind accept	
<ol> <li>The above named entity submits this statement the obligations of registered agent.</li> </ol>	light that buildoze on criss and in-	o rogress	-		••				
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Signature, typed or printed name of registered agr			FEE IS \$50.00		,			•	
FILE NOW Make Check Payable			orida Departme	int of State	,			:	
	Da	ie By M	ву 1, 2003	•			•		
B. MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/CHA		☐ Change	Addition	
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спу-\$1-дР			Y-ST-ZIP	Contino 110 07	3Vii Florida Statutes I fire	her cart	ity that the i	nlormation	
11. I hereby cartify that the information supplied indicated on this report is true and accurate	with this filing does not qualify and that my signature shall hav	for the ex /e the sa/	emption stated in S ne legal affect as if	made under o made under o	str; that I apple managing	member	or manage	er of the	
indicated on this report is true and accurate limited liability company or the receiver or tru	istee empowered to execute th	us report é	is required by Cha	7/1/	7				
eleat.	ATURE REQL		10///		W 1/1	9/5	3		
SIGNATURE: SIGNATURE SIGNATURE AND TYPED DR PRINTED NA	HE OF BOXING MANAGING MEMBER.	HANAGEN, O	R AUTHORIZED PRIFREZ	SENTATIVE	Distre	1/ 0	yane Phone #		