




05-01-2003 90274 049 \*\*\*\*61.25

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

30064952

|   |                                      |   |   |
|---|--------------------------------------|---|---|
| <b>DOCUMENT # L02000027995</b>  |                                      |      |   |
| 1. Entity Name<br><b>C &amp; E SPORTS MANAGEMENT, LLC</b>   |                                      |   |   |
| Principal Place of Business<br>1808 PLATA COURT<br>ROCKLEDGE, FL 32955  |                                      | Mailing Address<br>1808 PLATA COURT<br>ROCKLEDGE, FL 32955                            |   |
| 2. Principal Place of Business  |                                      | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.   |   |
| City & State  |                                      | City & State  |   |
| Zip   | Country                              | Zip   | Country   |
| 4. FEI Number<br><b>46-0503952</b>  |                                      | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                      | \$5.00 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent   |                                      | 7. Name and Address of New Registered Agent   |   |
| MURRAY, EMERSON<br>1808 PLATA COURT<br>ROCKLEDGE, FL 32956  |                                      | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |
| 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. I am familiar with, and accept the obligations of registered agent.   |                                      |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature should be obtained when registering) _____ DATE _____   |                                      |   |   |
|    |                                      |   |   |
| 9. MANAGING MEMBERS / MANAGERS  |                                      | 10. ADDITIONS / CHANGES   |   |
| TITLE   | MGRM <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MURRAY, EMERSON                      | NAME  |   |
| STREET ADDRESS  | 1808 PLATA COURT                     | STREET ADDRESS  |   |
| CITY-ST-ZIP   | ROCKLEDGE, FL 32955                  | CITY-ST-ZIP   |   |
| TITLE   | MGRM <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | WILLIAMS, CHARLES N JR.              | NAME  |   |
| STREET ADDRESS  | 4306 17TH STREET EAST                | STREET ADDRESS  |   |
| CITY-ST-ZIP   | ELLENTON, FL 34222                   | CITY-ST-ZIP   |   |
| TITLE   | MGRM <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | WHITE, STEVEN N                      | NAME  |   |
| STREET ADDRESS  | 4490 SANIBEL WAY                     | STREET ADDRESS  |   |
| CITY-ST-ZIP   | BRADENTON, FL 34203                  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                      | NAME  |   |
| STREET ADDRESS  |                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                      | NAME  |   |
| STREET ADDRESS  |                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                      | 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 606, Florida Statutes. |                                      |   |   |
| SIGNATURE    |                                      | 4/29/03 94-951-1770   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                      | Date  |   |

CRE088 (10/02)