

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000029868

FILED
Oct 05, 2006
Secretary of State

Entity Name: WEEKS SPORTS MANAGEMENT, LLC

Current Principal Place of Business:

550 BIRCH CT
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

441 WEATHERSFIELD AVE
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

PO BOX 609015
ORLANDO, FL 32860 US

New Mailing Address:

FEI Number: 30-0196248 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WEEKS, RICKIE D SR
550 BIRCH CT
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WEEKS, RICKIE D SR
441 WEATHERSFIELD AVE
ALTAMONTE SPRINGS, FL 32714 US

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: RICKIE D WEEKS SR.

10/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEEKS, RICKIE D SR
Address: 550 BIRCH CT
City-St-Zip: LTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: WEEKS, VALERIA A
Address: 550 BIRCH CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: WEEKS, KAISHA L
Address: 550 BIRCH
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM (X) Delete
Name: WEEKS, BARRY
Address: 441 WEATHERSFIELD DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WEEKS, RICKIE D SR
Address: 441 WEATHERSFIELD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM (X) Change () Addition
Name: WEEKS, KAISHA
Address: 441 WEATHERSFIELD AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM (X) Change () Addition
Name: WEEKS, BARRY
Address: 441 WEATHERSFIELD DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RICKIE D WEEKS, SR.

P

10/05/2006

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