2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Feb 17, 2004 8:00 am Secretary of State

DOSUMENT # L03000034647					Secretary of State				
1. Entity Name					!	02-04-2004 90	233 027	****50.0	00
GLOBAL S	SPORTS AND MARKETING, L								
Principal Place of Business Mailing Address				-	ĺ				
258 EAST A	LTAMONTE DRIVE	E			0100	, -			
SUITE 2001	E SPRINGS FL-82701	<u>701</u>	}						
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2. Principal P	lace of Business		1						
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Suite, Apt. #, etc. Suite, Apt. #, etc.						MOORE	CR2E083	(11/03)	
City & State City & State					4. FEI Numi	per .		Apr	olied For
Longwood, FL +					593	<u>1006</u>		Not	Applicable
Zip Country Zi		Zip	Zip Count		5. Certificat	e of Status Desired		55.00 Addit	
327	79 USA	asistand Agent		η	7 Name on	d Address of New Re		<u> </u>	<u>'</u>
	6. Name and Address of Current R	Name	7. 110000	o Address of the Atlanta	3-10-0-	<u></u>			
PAGNANO, MICHAEL S				-Street Address (P.O. Box Number is Not Acceptable)					
258 EAST ALTAMONTE DRIVE				_Street Accress (P.O. Box Num	Der is Not Acceptable			
	TE 2001 'AMONTE SPRINGS FL 3270'				_		ţ		
ALI	ANOTHE STRINGS ! E SETO	•		City			FL	Zip Code	,
			a caninto	rad office or registe	rad accet or h	oth in the State of Flo	: =	amiliar with	end accent
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	Signature, typod or printed name of registered agent an	nd stie if applicable. (NO	TE: Register	ed Agent signature require	d when reinstating)		DATE		
		FILE	IOW!!!	FEE IS \$50.00					
Make Check Payable to Florida Department of State									
		West Letter D	ue By N	lay 1, 2004	APPLICATION.				}
9.	MANAGING MEMBER	RS/MANAGERS	10			ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Detete	m	1				Change	Addition
NAME CORPET ADDRESS	PAGNANO, MICHAEL S		NA ST	ME REET ADDRESS					
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STREET ADDRESS	3			REET ADDRESS .					'
CITY-ST-ZIP	1			TY-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 out; that I am a managing member or manager of the									
limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
			//				. /		
SIGNATURE: 1-24-04									
	CICHATIDE AND TYPED OF POSITED WANT OF	E DICHIMO MAMAGING MEMBERS	MANUTATION	OR AUTHORIZED REPRE	SENTATIVE	Date		Caytime Phone #	