

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000059526

FILED
Dec 22, 2008
Secretary of State

Entity Name: WARRIORS MIXED MARTIAL ARTS ATHLETIC PROGRAM, LLC

Current Principal Place of Business:

6880 ABBOTT AVE SUITE 302
MIAMI BEACH, FL 33141

New Principal Place of Business:

849 MICHIGAN AVE SUITE 2
MIAMI BEACH, FL 33139

Current Mailing Address:

P.O. BOX 414515
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 76-0782483 **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:

MOLINARO, SHANE P MGRM
P.O.B. 414515
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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: SHANE P. MOLINARO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: COHEN, JORDAN
Address: 5031 NORTH 36 CT.
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP () Delete
Name: MOLINARO, PAT
Address: 1-THIRD AVE. UNIT #811
City-St-Zip: CARNEGIE, PA 33141

Title: S () Delete
Name: PALAU, ALEJANDRA
Address: P.O.B 414515
City-St-Zip: MIAMI BEACH, FL 33141

Title: T () Delete
Name: BELLI, DEBRA
Address: 12083 KIRKWOOD RD.
City-St-Zip: HERALD, CA 95638

Title: HR () Delete
Name: OHLEMACHER, CAROL
Address: P.O.B 35
City-St-Zip: HEREFORD, AZ 85615

Title: D () Delete
Name: BAILY, CHAD
Address: P.O.B. 414515
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: OHLEMACHER, ELIZABETH G
Address: 4424 RAVENWOOD AVE.
City-St-Zip: SACRAMENTO, CA 95605

Title: VP (X) Change () Addition
Name: MOLINARO, PAT
Address: 1-THIRD AVE. UNIT #811
City-St-Zip: CARNEGIE, PA 15106

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

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

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

Title: D (X) Change () Addition
Name: BAILEY, CHAD
Address: P.O.B. 414515
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify 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: SHANE P. MOLINARO

MGRM

12/22/2008

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