2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # L05000000707** 04-30-2007 90079 043 ****50.00 TSG SPORTSWEAR, LLC Principal Place of Business Mailing Address 3125 FORTUNE WAY 5682 LAGO DEL SOL DRIVE 60046388 UNIT 7 LAKE WORTH, FL 33467 WELLINGTON, FL 33414 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 04262007 Chg-LLC CR2E083 (12/06) City & State Applied For 4. FFI Number 20-2097582 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOROS, CHRISTINA A 5682 LAGO DEL SOL DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33467 City Zip Code 8. The above named entity submits this statement for the purgose of changing its registered office or registered agent, or both, in the State of Florida, jl am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Addition ☐ Delete Change NAME JOROS, BRIAN J. NAME STREET ADDRESS 5682 LAGO DEL SOL DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL' 33467 CITY-ST-ZIP MGRM TITLE Delete TTLE Addition | 120 Silver Bell Cres Royal Palm Boh FL 3341 PLEICONES, CHRISTOPHER NAME NAME STREET ADDRESS 1401 VILLAGE BLVD, APT 1028 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP MGRM TITI F ☐ Defete TITLE ■ Addition URBANSKI, DAVID R NAME NAME STREET ADDRESS 5682 LAGO DEL SOL DRIVE STREET ADDRESS LAKE WORTH, FL 33467 CTTY-ST-ZIP CITY-ST-ZIP TITLE MGRM Delete TITLE Change ☐ Addition JOROS, CHRISTINA A NAME NAME STREET ADDRESS 5682 LAGO DEL SOL DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CTTY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 exthe repolyer of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

FILED