


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90309 022 ****50.00

DOCUMENT # L05000013981	
1. Entity Name MCM SPORTS, LLC	

Principal Place of Business 824 U.S. HWY ONE, SUITE 100 NORTH PALM BEACH, FL 33408	Mailing Address 824 U.S. HWY ONE, SUITE 100 NORTH PALM BEACH, FL 33408
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2. Principal Place of Business - No P.O. Box # 2560 RCA Blvd	3. Mailing Address 2560 RCA Blvd.
Suite, Apt. #, etc. Suite 108	Suite, Apt. #, etc. Suite 108
City & State P. Beach Gardens, FL	City & State P. Beach Gardens FL
Zip 33410	Country USA
Zip 33410	Country USA

02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2265434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MUNSEY, JAMES M 824 U.S. HWY ONE, SUITE 100 NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNSEY, JAMES M P.A. <input type="checkbox"/> Delete 824 U.S. HWY ONE, SUITE 100 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTIAN, RAYMOND M P.A. <input type="checkbox"/> Delete 824 U.S. HWY ONE, SUITE 100 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, TIMOTHY <input type="checkbox"/> Delete 824 U.S. HWY ONE, SUITE 100 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or the receiver or 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

Date

Daytime Phone #

[Signature] Mgr/RA 2-7-07 800 556 3034