


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90342 012 \*\*\*\*50.00

<b>DOCUMENT # L05000013985</b> 1. Entity Name RSM SPORTS MANAGEMENT, LLC	
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Principal Place of Business % STEVEN A. SCIARRETTA, ESQUIRE 2799 NW BOCA RATON BLVD #203 BOCA RATON, FL 33431	Mailing Address % STEVEN A. SCIARRETTA, ESQUIRE 2799 NW BOCA RATON BLVD #203 BOCA RATON, FL 33431
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**DO NOT WRITE IN THIS SPACE**

02272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2272165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  SCIARRETTA, STEVEN A ESQUIRE 2799 NW BOCA RATON BLVD 203 BOCA RATON, FL 33431
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**DO NOT WRITE  
IN THIS SPACE**

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 (Typed: Registered Agent signature required when resigning)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCIARRETTA, STEVEN A 2799 NW BOCA RATON BLVD #203 BOCA RATON, FL 33431 <b>DELETE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <b>ADD</b> MITCHELL FRANKEL 2799 BOCA RATON BLVD #203 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-6-07