

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103104

FILED  
Sep 02, 2008  
Secretary of State

Entity Name: GAME PLAN CONCESSIONS, LLC

**Current Principal Place of Business:**

6619 S. DIXIE HWY  
SUITE # 333  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6619 S. DIXIE HWY  
SUITE # 333  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 06-1797616      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:**

**Name and Address of New Registered Agent:**

CORPCO, INC.  
2699 S. BAYSHORE DRIVE  
7TH FLOOR  
MIAMI, FL 33133 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BENDESKY, NEAL  
Address: 6619 S. DIXIE HWY. #333  
City-St-Zip: MIAMI, FL 33143

Title: MGR ( ) Delete  
Name: SINGLETARY, GENE  
Address: 6619 S. DIXIE HWY. #333  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES:**

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

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

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: NEAL BENDESKY

MR.

09/02/2008

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