

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000110193

FILED
Nov 14, 2007
Secretary of State

Entity Name: REALITY COMBAT CHAMPIONSHIP LLC

Current Principal Place of Business:

2375 ST. JOHNS BLUFF
STE. 304
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

2375 ST. JOHNS BLUFF
STE. 304
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARRY, KENNETH J
2375 ST. JOHNS BLUFF
STE. 304
JACKSONVILLE, FL 32246 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: KENNETH J. BARRY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARRY, KENNETH J
Address: 12311 KENSINGTON 606
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM () Delete
Name: MEYERS, JEFF
Address: 4725 MT. BREEZE CT. NORTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: VASAY, DARWIN P
Address: 8259 WARLIN DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

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

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: DARWIN P. VASAY

MGRM

11/14/2007

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