

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L07000002793

1. Entity Name  
U.S. A. INTERNATIONAL SPEEDWAY HOLDINGS, LLC



5. **FILED  
Jun 24, 2008 8:00 am  
Secretary of State**

05-16-2008 90192 001 \*\*\*416.25

30009836



04222008 Chg-LLC CR2E083 (12/08)

4. FEI Number	20 8719002	Applied For
		Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMAS C. LITTLE, PA 2123 NE COACHMAN RD SUITE A CLEARWATER, FL 33760		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 renewing) DATE \_\_\_\_\_

FILE NOW!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RACEWAY MANAGEMENT 14001 63RD WAY CLEARWATER FL 33760 M6KM <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
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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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/08

Daytime Phone #