

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029522

FILED
Jan 19, 2009
Secretary of State

Entity Name: PARAMOUNT SPORTS MANAGEMENT LLC

Current Principal Place of Business:

6601 W. HWY 329
REDDICK, FL 32686

New Principal Place of Business:

14433 ROLLING ROCK PLACE
WELLINGTON, FL 33414

Current Mailing Address:

P.O BOX 211718
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 20-8716703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REY, ALEJANDRO
6601 W. HWY 329
REDDICK, FL 32686 US

Name and Address of New Registered Agent:

REY, ALEJANDRO
14433 ROLLING ROCK PLACE
WELLINGTON, FL 33414 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:

01/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REY, ALEJANDRO
Address: 6601 W. HWY 329
City-St-Zip: REDDICK, FL 32686

Title: MGR () Delete
Name: LORENTE, ROSAMARIA
Address: 6601 W. HWY 329
City-St-Zip: REDDICK, FL 32686

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REY, ALEJANDRO
Address: 14433 ROLLING ROCK PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change () Addition
Name: LORENTE, ROSAMARIA
Address: 14433 ROLLING ROCK PLACE
City-St-Zip: WELLINGTON, FL 33414

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: ROSAMARIA LORENTE

MGR

01/19/2009

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