

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000084854

1. Entity Name
UPPER LEAGUE ENTERTAINMENT, LLC



FILED

2009 SEP 15 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11667 BLACKSTONE RIVER DR.
JACKSONVILLE, FL 32256

Mailing Address
11667 BLACKSTONE RIVER DR.
JACKSONVILLE, FL 32256

2. Principal Place of Business - No P.O. Box #
4899 Castlegate CT
Suite, Apt. #, etc.

3. Mailing Address
4899 Castlegate CT
Suite, Apt. #, etc.

09102009 REIN-LLC CR2E101 (1/07)

City & State
Jacksonville, FL
Zip 32256 Country US

City & State
Jacksonville, FL
Zip 32256 Country US

4. FEI Number
26-0779569

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
HENDERSON, ALEVIAR C
11667 BLACKSTONE RIVER DR.
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent
Name
Michael Bend
Street Address (P.O. Box Number is Not Acceptable)
4899 Castlegate CT
City Jacksonville, FL Zip Code 32256

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 Michael Bend 9/10/2009
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HENDERSON, JOHN N 11667 BLACKSTONE RIVER DR. JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BEND, MIKE 11667 BLACKSTONE RIVER DR. JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300160588823 09/11/09--01034--005 **277.50 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

REINSTATEMENT 08-09
OK 9-16-09

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: Michael E Bend 9/10/2009 (850) 251-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #