

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005653

Entity Name: SAMPSON BOXING, LLC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

5397 ORANGE DRIVE, SUITE 202  
DAVIE, FL 33314

## New Principal Place of Business:

5397 ORANGE DRIVE,  
SUITE 202  
DAVIE, FL 33314

## Current Mailing Address:

5397 ORANGE DRIVE, SUITE 202  
DAVIE, FL 33314

## New Mailing Address:

5397 ORANGE DRIVE,  
SUITE 202  
DAVIE, FL 33314

FEI Number: 26-1812623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARGULES, LEON R  
5397 ORANGE DRIVE, SUITE 202  
DAVIE, FL 33314 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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LEWKOWICZ, SAMPSON  
Address: 5397 ORANGE DRIVE, SUITE 202  
City-St-Zip: DAVIE, FL 33314

Title: MGRM ( ) Delete  
Name: BOODRAM, CLIFFORD  
Address: 5397 ORANGE DRIVE, SUITE 202  
City-St-Zip: DAVIE, FL 33314

## 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: CLIFFORD BOODRAM

MGR

04/28/2009

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