

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000066983

FILED
Sep 29, 2009
Secretary of State

Entity Name: MOTORSPORTS CONNEXION, LLC

Current Principal Place of Business:

11645 GRAND BAY BLVD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

11645 GRAND BAY BLVD
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 26-2955471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KNOWLES, RUSSELL
11645 GRAND BAY BLVD
CLERMONT, FL 34711 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: LISA KNOWLES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SHIMKONIS, JOE
Address: 750 KAPAHULU AVE
City-St-Zip: HONOLULU, HI 96816 US

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

Title: MGRM () Delete
Name: KNOWLES, RUSSELL E
Address: 11645 GRAND BAY BLVD
City-St-Zip: CLERMONT, FL 34711 US

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: CFO () Change (X) Addition
Name: KNOWLES, LISA A
Address: 11645 GRAND BAY BLVD
City-St-Zip: CLERMONT, FL 34711

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: LISA KNOWLES

CFO

09/29/2009

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