

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000115693

FILED
Apr 12, 2011
Secretary of State

Entity Name: THE CENTER MIXED MARTIAL ARTS, LLC

Current Principal Place of Business:

3662 AVALON PARK E. BLVD. SUITE 201
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

3662 AVALON PARK E. BLVD. SUITE 201
ORLANDO, FL 32828

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

W&P SERVICES, INC.
450 NORTH WYMORE ROAD
WINTER PARK, FL 32789 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: CO-P
Name: SILVERMAN, FRANK
Address: 3662 AVALON PARK E. BLVD. SUITE 201
City-St-Zip: ORLANDO, FL 32828

Title: COPD
Name: METZGER, MICHAEL
Address: 3662 AVALON PARK E. BLVD. SUITE 201
City-St-Zip: ORLANDO, FL 32828

Title: COPD
Name: PEPPER, CODY
Address: 3662 AVALON PARK E. BLVD. SUITE 201
City-St-Zip: ORLANDO, FL 32828

Title: D
Name: KAHLI, BEAT M
Address: 3662 AVALON PARK E. BLVD. SUITE 201
City-St-Zip: ORLANDO, FL 32828

Title: TSD
Name: MARKS, ERIC B
Address: 3662 AVALON PARK E. BLVD. SUITE 201
City-St-Zip: ORLANDO, FL 32828

I hereby 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: FRANK SILVERMAN

CO-P

04/12/2011

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