2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001733 SP

DOCUMENT # L96000000388

1. Entity Name
SPECTRUM SPORTS ENTERPRISES, L.C.

Principal Place of Business	Mailing Address
995 SR. 434 NORTH SUITE 2731 ALTAMONTE SPRINGS FL 32714	995 SR. 434 NORTH SUITE 2731 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business		3. Mailing Address	
995 SR 434 NORTH		995 SR 434 NORTH	
Suite, Apt. #, etc.: SUITE 507		Suite, Apt. #, etc.: SUITE 507	
City & State: ALTAMONTE SPRINGS, FL		City & State: ALTAMONTE SPRINGS, FL	
Zip: 32714	Country: USA	Zip: 32714	Country: USA

MNM DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3368216 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZABRISKIE, STEVE 995 SR. 434 NORTH SUITE 2731 ALTAMONTE SPRINGS FL 32714	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZABRISKIE, STEVE 995 SR. 434 NORTH, STE 2731 ALTAMONTE SPRINGS FL 32714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SUITE 507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100003230211--8 -04/28/00--01131--003 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] PRES. 4/12/00 407-788-1683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #