File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT 98 APR 13 AM 9: 47 Secretary of State 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE FLORIBA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT # L97000000049 1a. Principal Place of Business Address SPORTSLINK CONSULTING, L.C. 517 N. SUMMERLIN AVE. 517 N. SUMMERLIN AVE. <del>ORLANDO FL 32803</del> ORLANDO FL 32003 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address Delanel Delaney 01/09/1997 Applied For City & State 593423584 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Beguired USA /JSH 32801 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MOORMAN, DAVID J Street Address (P.O. Box Number Is Not Acceptable) 517 N. SUMMERLIN AVE. ORLANDO FL 32803 Suite, Apt. #, etc. -04/16/98--01050--010 \*\*\*\*188.75 \*\*\*\*188.75 Zip Code City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE . (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MOORMAN, DAVID J 517 N. SUMMERLIN AVE. ORLANDO FL

11. I do 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 annual 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; and that my name appears in Block 10, or on an