

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 22 PM 2:07

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L97000000965**

EUROPEAN SPORT SERVICES LC  
1220 N. MARKET ST., STE. 606  
WILMINGTON DE 19801

1a. Principal Place of Business Address  
LA COLLINETTE, SARK  
CHANNEL ISLANDS

2 Principal Place of Business 2a. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

3. Date Organized or Qualified 3a. State of Formation

09/02/1997 FL

4. FEI Number  Applied For

NOT APPLICABLE  Not Applicable

5. Date of Last Report 6. Certificate of Status Desired

03/23/1998 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BOULEVARD #211  
PALM BEACH GARDENS FL 33418

8. Name and Address of New Registered Agent/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City Zip Code  
FL 33418

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 changing)

10. Title Managing Members/Managers Business Street Address City, State and Zip Code

MGR	GRASSICK, JAMES WILLIA	LA COLLINETTE, SARK	CHANNEL ISLANDS
MGR	CROSHAW, PHILIP MARK	LA COLLINETTE, THE AVENUE	CHANNEL ISLANDS

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-04/27/99--01052--004  
\*\*\*1321.25 \*\*\*\*188.75

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 attachment with an address. **Janet M. Caruccio, Attorney-in-fact for Philip M. Croshaw, Mgr**

SIGNATURE: Janet M. Caruccio 4/21/99 302-421-5750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGER OR NEW ECON MANAGER (Date) (Typed Name)