File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY -5 PM 3:27

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

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L97000001000

GAMEDAY MANAGEMENT, L.C.
P.O. BOX 11311
FORT LAUDERDALE FL 33339

1a. Principal Place of Business Address

P.O. BOX 11311
FORT LAUDERDALE FL 33339

2. Principal Place of Business	2a. Mailing Address
11291 Lakeview Drive	P.O. Box 11311
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs FL	City & State: Fort Lauderdale FL
Zip: 33071 Country: Broward	Zip: 33339 Country: Broward

3. Date Organized or Qualified	3a. State of Formation
09/11/1997	FL
4. FEI Number: 65-0780422	☑ Applied For ☐ Not Applicable
5. Date of Last Report: First	6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
MARTIN, LAWRENCE N III 16155 N.W. 64TH AVENUE SUITE 227 MIAMI LAKES FL 33014	Name: Timothy S Williams Street Address (P.O. Box Number is Not Acceptable): 11291 Lakeview Drive Suite, Apt. #, etc.: City: Coral Springs FL Zip Code: 33071

9. Pursuant to the provisions of Sections 608.415 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: 4/28/98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	MARTIN, LAWRENCE N III	16155 N.W. 64TH AVE., SUIT	MIAMI LAKES FL
~~MEM~~	~~BARBER, KATHLEEN~~	~~16155 N.W. 64TH AVE., SUIT~~	~~MIAMI LAKES FL~~
MEM	Overacre, Jody R.	16265 NW 64th Ave	Miami Lakes, FL
MEM	Williams, Timothy S.	11291 Lakeview Drive	Coral Springs, FL

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****188.75 ****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)(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 attachment with an address.

SIGNATURE: _____ 4/28/98 (305)364-7449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

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