2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:
SIGNATURE AND TYPED OR PERSONS NAME OF SIGNING MANAGING MEMBER; MAY AGER OR AUTHORIZED REPRESENTATIVE

							;		
DOCUMENT # L99000000511 1. Entity Name Global Sports Events, LLC					FILED OI MAY -3 PM 1:19				
									c/o Mr 509 Pa
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc.							
					DO NOT WRITE IN THIS SPACE				
		City & State			4. FEI Number Applied For 65–0893947 Not Applied For				
Zip	Country	Zip	· Coun	itry	5. Certificate of		\$5.00 Ad Fee Require		
	6. Name and Address of Curr	ent Registered Agent	—— ·——		7 Name and A	ddress of New Register			
Allan I				Name	7. Halilo alid Addiess of New Registered Agent				
c/o Berkowitz Dick Pollack One SE 3rd Avenue, Suite 1				Street Address (P.O. Box Number is Not Acceptable)				
Miami,	FL 33131			City			⊏ ∎ Zip Coo		
				5.,,			FL Zip Coo		
	e named entity submits this statemer	nt for the purpose of changin	ng its egistere	ed office or register	red agent, or both, i	in the State of Florida.			
	e named entity submits this statemen	gent and title if applicable.	(NOTI Registered	Agent signature required	d when reinstating)	in the State of Florida.	πE		
	Signature, typed or printed name of registered as	gent and title if applicable. FILE Make Check	(NOTI Registered	Agent signature required FEE IS \$50.00 Department o	d when reinstating)		πÉ		
SIGNATURE	Signature, typed or printed name of registered as MANAGING MEN	gent and title if applicable.	(NOTE Registered	Agent signature required FEE IS \$50.00 Department o	d when reinstating)				
SIGNATURE 9.	Signature, typed or printed name of registered as MANAGING MEN	gent and title if applicable. FILE Make Check	NOTE Registered NOW!!! F R Payable to 10. TITLE	Agent signature required FEE IS \$50.00 Department o	d when reinstating)	DA		Addition	
SIGNATURE 9. TITLE IAME	MANAGING MEN Manager Dalfen, Allan	FILE Make Check MBERS/MEMBERS	NOTE Registered NOW!!! F R Parable to 10. TITLE NAME	Agent signature required FEE IS \$50.00 Department o	d when reinstating)	DA	GES	☐ Addition	
SIGNATURE O ITLE IAME STREET ADDRESS	MANAGING MEN Manager Dalfen, Allan c/o Berkowitz Dick	gent and title if applicable. FILE Make Check MBERS/MEMBERS Delete C Pollack & Bra	NOTE Registered NOW!!! F R Payable to 10. TITLE NAME STREE	Agent signature required FEE IS \$50.00 Department o	f State	ADDITIONS/CHANG	GES	☐ Addition	
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