## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name

## **FILED** Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90243 008 \*\*\*\*50.00 DOCUMENT # / (

	GLOBAL SPORTS EVENTS					
	DO NOT WRITE	IN THIS S	PACE			
2. Principal	Place of Business	2 Mailing Address		_		
		3. Mailing Address	D 16 D			
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.		Dallen, Pres.	DO NOT WRIT	E IN THIS SPA	VCE
	lm Drive	509 Palm Drive	<u> </u>	J 30 713 1 11111	L 114 11 110 01 F	TOL .
City & Sta	Chy. d State,			4. FEI Number		Applied For
Zip	Country	Beverly Hills;	CA 90210	65-0893947		Not Applicable
	) 333.K.)	Σip	Country	5. Certificate of Status Desired	□ \$5 500	5.00 Additional e Required
				7. Name and Address of Current F		
			Name			
DO NOT WRITE IN THIS SPACE			Allan Dalfen Street Address (P.O. Box Number is Not Acceptable)			
			c/o Berkowitz Dick Pollack & Brant  200 South Biscayne Blvd., Sixth Floor			
			Miami		FL	Zip Code 33131
8. The above	e named entity submits this statement for th	e purpose of changing its	registered office or registe	ered agent, or both, in the State of Flori	ida.	
SIGNATURE						[
Signature, typed or printed name of registered agent and title if applicable.					DATE	
FEE IS \$50.00						
			yable to Department	of State		
			UE BY MAY 1			
9.	MANAGING MEMBERS,	/MANAGERS	4		· · · · · · · · · · · · · · · · · · ·	
TITLE	Manager	<del></del>	TITLE			
NAME	Dalfen, Allan		NAME			Ş
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
~-	200mS, Biscayne Blvd., Sixth Floor Miami, FL 33131		CITY-ST-ZIP			6
TITLE NAME	33131		TITLE			i c
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 AND TYPED OR PRINTED NAME OF STATISTIC MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #