


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90047 014 ****50.00

DOCUMENT # L99000000511		
1. Entity Name GLOBAL SPORTS EVENTS, L.L.C.		

Principal Place of Business % SOMECAP USA INC 600 NE 36TH STREET, APT 1006 MIAMI, FL 33137	Mailing Address % SOMECAP USA INC 600 NE 36TH STREET, APT 1006 MIAMI, FL 33137
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24054119



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04012004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0893947	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DALFEN, ALLAN C/O BERKOWITZ DICK POLLACK & BRANT ONE S.E. 3RD AVENUE, SUITE 1500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: ALLAN DALFEN Street Address (P.O. Box Number is Not Acceptable) C/O SOMECAP USA INC. 600 NE 36TH STREET, APT 1006 City: MIAMI FL Zip Code: 33137	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALFEN, ALLAN S ONE SE. 3RD AVE., STE 1500(BERKOWITZ,DICK) MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALFEN, ALLEN C/O SOMECAP USA INC, 600 NE 36TH ST, APT 1006 MIAMI, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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), Florida 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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

4/21/04