## L9900000511 **DOCUMENT#**

1. Entity Name

GLOBAL SPORTS EVENTS, L.L.C.

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90046 002 \*\*\*\*50.00

Principal Place of Business

Mailing Address

% MR. ALLAN DALFEN, PRES.

BEVERLY HILLS CA 90210

% MR. ALLAN DALFEN, PRES.

509 PALM DRIVE

BEVERLY HILLS CA 90210-3412

509 PALM DRIVE

2. Principal Place of Business			3. Mailing Addres	ss 📉	1 A W	TPA	YERS CUPIT				
Suite, Apt	. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
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Zip Country			Zip	Zip Count		an, w	5. Certificate of Status Desired	\$5.0 Fee.R	<b>0</b> Add	ditional d	
	and Address of Curre	nt Registered Agent		<u> </u>	7. Name and Address of New Registered Agent						
MILLER, IRIS S					Name ALLAN DALFEN  Street Address (P.O. Box Number is Not Acceptable)  Clo BERKOWITZ DICK POLIACK & BRANT						
3141 ROYAL PALM AVENUE					CLO BERKOWITZ DICK POLLACK & DKANI						
MIAMI BEACH FL 33140				1 09			E. 3RD AVENUE, SUITE 1500				
				City r	n.IA	MI	FLOOP	n Code	131		
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.											
SIGNATURE Signature, typed or printed game of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE											
Signature, typed or printed page of registered agent and title if applicable. (NOTE flegitated Agent signature required when reinstating)  DATE  On the signature of the printed page of registered agent and title if applicable.											
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Make Check Payable to Department of State											
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9.		MANAGING MEN	IBERS/MEMBERS	10.			ADDITIONS/C	<del></del>		7576	
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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 OF MANAGER

Date

Daytime Phone #