2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000615

1. Entity Name
FAIRCOUNT L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 31 AM 8:14

Principal Place of Business	Mailing Address
7650 WEST COURTNEY CAMPBELL CAUSEWAY. 605 TAMPA FL 33607	7650 WEST COURTNEY CAMPBELL CAUSEWAY. 605 TAMPA FL 33607-5953

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

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRCOUNT INTERNATIONAL, INC.
7650 WEST COURTNEY CAMPBELL CAUSEWAY, 605
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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] Ross Jobson President, COO 1.27.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete FAIRCOUNT INTERNATIONAL, INC. 7650 WEST COURTNEY CAMPBELL CAUSEWAY, 605 TAMPA FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003121876--5 -02/03/00--01007--012 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete FAIRCOUNT LIMITED 5 ELLA MEWS, LONDON NW3 2NH UNITED KINGDOM	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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] Ross Jobson 1.27.00 813.639.1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #