FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGI

Mar 20, 2002 8:00 am Secretary of State DOCUMENT # L9900001844 1. Entity Name 03-20-2002 90006 002 ****50 00 PALM SPORT, L.L.C. Principal Place of Business Mailing Address 400 SOUTH POINTE DRIVE #2109 400 SOUTH POINTE DRIVE #2109 931600 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0991810 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARBONE, LOUIS J Street Address (P.O. Box Number is Not Acceptable) 65 NE 4TH AVENUE **DELRAY BEACH FL 33483** Zip Code City FL 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, 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E083 (9/01 CAFFREY, THOMAS NAME NAME STREET ADDRESS 400 SOUTH POINTE DRIVE #2109 STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP MIAMI BEACH FL 33139 Delete TITLE Change | ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.