

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90114 005 \*\*\*\*50.00

<b>DOCUMENT # L99000004409</b>					
<b>1. Entity Name</b> W SPORTS LLC					
<b>Principal Place of Business</b> 930 WASHINGTON AVENUE, 5TH FLOOR MIAMI BEACH, FL 33139			<b>Mailing Address</b> 930 WASHINGTON AVENUE, 5TH FLOOR MIAMI BEACH, FL 33139		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #: etc.			Suite, Apt. #: etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>Country</b>		<b>4. FEI Number</b> 65-0934622	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WOLFE, RICHARD C ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD SUITE 2400 MIAMI, FL 33131			Name <u>RICHARD C WOLFE, ESQ</u> Street Address (P.O. Box Number is Not Acceptable) <u>40 Wolfe &amp; Goldstein P.A.</u> <u>550 Brickell Ave PH Suite</u> City <u>MIAMI</u> <u>FL</u> Zip Code <u>33131</u>		
<b>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.</b>					
SIGNATURE <u>[Signature]</u> <small>Signature must be printed name of registered agent and title if applicable.</small>			DATE <u>4/12/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KREUSLER, ROBERT G 930 WASHINGTON AVENUE, 5TH FLOOR MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRASSNER, BRAD 930 WASHINGTON AVENUE, 5TH FLOOR MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/12/04</u> Daytime Phone # <u>305-672-9980</u>		