APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

L99000007528 DOCUMENT # 1. Entity Name MERIDIAN SPORTS GROUP, L.L.C. CO MAY 30 AH 10: 09 SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business 2940 SOUTH HORSESHOE DRIVE. SUITE 800 2940 SOUTH HORSESHOE DRIVE. SUITE 800 NAPLES FL 34104-6124 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 0959797 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ATHAN, G. HELEN ESQ. Street Address (P.O. Box Number is Not Acceptable) GRANT, FRIDKIN, PEARSON, ATHAN 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. MGR Change Addition TITLE ☐ Delete TITLE STEWART, JIMMY C NAME NAME STREET ADDRESS 2940 SOUTH HORSESHOE DRIVE, SUITE 800 STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-7IP Addition | __ Detete TITLE TITLE NAME MAME STREET ADDRESS STREET ANDRESS 40090328991*4=-*4 CITY-ST-7IP (16/14/00--01h) Change (10/2) Addition TITLE *****50.00 ****50.00 MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY- ST-ZIP Addition | TITLE Detete TITLE MAME STREET AUDRESS STREET ADDRESS CITY- ST- ZIP CITY- 8T- ZIP Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP TY-ST-ZIP 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4.24.2000

941.403,4400

Date

Daytime Phone # ·