2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M0000001613

HORROW SPORTS VENTURES, LLC



Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90128 044 ****50.00

					OD WE THE					
Principal Place of Business			Mailing Address			7				
8800 Southwest 40th Street. Suite 174 Miami Fl 33155			6800 SOUTHWEST 40TH STREET, SUITE 174 MIAMI FL 33155							
						_				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Num	nber 94-3371244		<u> </u>	plied For at Applicable
Zip Country			Zip Country			5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name a	nd Address of New Re	gistered A	gent	
And the second s					Name					
HORROW, RICHARD C/O HORROW SPORTS VENTURES, LLC						(P.O. Box Num	nber is Not Acceptable)	 -		 -
6800 SOUTHWEST 40TH STREET, SUITI MIAMI FL 33155			•					·		
•				Ci	ty			FL	Zip Code	Э
	named entity submits this sta ions of registered agent.	tement for the pur	pose of changing its	registered of	fice or registe	ered agent, or b	ooth, in the State of Flori	da. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of regis	stered agent and title if a	oplicable. (NOT	E; Registered Ager	t signature requin	ed when reinstating)		DATE		
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		Ma	ike Check Payabi		-	ent of State				
			Du	e By May 1	2003					
9.	MANAGINO	MEMBERS/MAI	NAGERS	10.			ADDITIONS/C	CHANGES		
TITLE	P		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	HORROW, RICHARD B			NAME						
STREET ADDRESS	6800 SE 40 ST., STE 17	4		STREET ADI						
CITY-ST-ZIP	MIAMI FL 33155			CITY-ST-Z	P			-		
TITLE	\$		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	WAGNER, BARRY J			NAME OTOSET AD						
STREET ADDRESS CITY-ST-ZIP	437 MADISON AVE			STREET ADD						}
	NEW YORK NY 10022			TITLE	<u>'</u>				Change	☐ Addition
TITLE NAME	MGR.		☐ Delete	NAME	1				☐ Change	☐ Audition
STREET ADDRESS	BIRKIN, MICHAEL- 437 MADISON AVE		المنية عكم مراشقين	STREET ADD	ORESS -		ي جيسد ته ده جه جيد	- -		• • [
CITY-ST-ZIP	NEW YORK NY 10022			CITY-ST-Z						}
TITLE	THE TOTAL IN TOURS	 -	☐ Delete	TITLE					☐ Change	Addition
NAME			L Dointe	NAME						
STREET ADDRESS				STREET ADI	ORESS				-	
CITY-ST-ZIP				CITY-ST-ZI	P					
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
NAME				NAME						
STREET ADDRESS				STREET ADI	ſ					}
CITY-ST-ZIP				CITY-ST-ZI	P					
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
NAME				NAME						
STREET ADDRESS				STREET ADD	į.					}
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZI	P					

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.