2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 29, 2008 8:00 am Secretary of State 04-29-2008 90019 002 ***138.75 DOCUMENT # M01000002506 WORLD SPORTS AND MARKETING, LLC 60031149 Principal Place of Business Mailing Address 460 NORTH ORLANDO AVE. 460 NORTH ORLANDO AVE. SUITE 200 SUITE 200 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 59-3754949 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, JEREMY ESQ Street Address (P.O. Box Number is Not Acceptable) C/O BONNIER CORPORATION 460 NORTH ORLANDO AVENUE WINTER PARK, FL 32789 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS / CHANGES 9. 10. MGR Change TITLE TITLE ☐ Addition Snow, Terry SNOW, TERRY NAME NAME 1486 ALABAMA 460 N. Orlando Avenue; Stc. 200 STREET ADDRESS STREET ADDRESS Winter Park, FL 32789 CITY-ST-7IP WINTER PARK, FL 32789 CITY-ST-78 Addition TITLE TITLE MGR Change ☐ Delete NAME NAME Altman, Dan STREET ADDRESS STREET ADDRESS 460 N. Orlando Avenue; Ste. 200 CITY-ST-ZIP CITY-ST-ZIP Winter Park, FL 32789 MGR TITLE ☐ Delete TITLE ☐ Change Addition Thompson, Jeremy NAME NAME 460 N. Orlando Avenue; Ste. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Winter Park, FL 32789 ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-21P

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

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