## File on or before May 1, 1998 or Limited Liability Company will be

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998 DIVISION OF CORPORATIONS							98 APR 10 AM 10: 39			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Malling Address of Limited Liability Company  DOCUMENT # M9500000218							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
SATELLITE ARCHERY INDUSTRIES, L.L.C ED COMPANY 312 S.E. 17TH STREET SUITE 300 FORT LAUDERDALE FL 33316						.C. LIMIT	1a. Principal Place of Business Address  312 S.E. 17TH STREET SUITE 300 FORT LAUDERDALE FL 33316			
2. Principal Place of Business 2a. M			2a. Maili	ling Address			3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt. #, etc.			Suite, Ap	uite, Apt. #, etc.			07/18/1995 DE			
City & State			City & State				16-1472254			Applied For  Not Applicable
<b>Z</b> ip		Country	Zιρ	Country		'y	5. Date of Last Report			cate of Status Desired
7. Name and Address of Current Registered				Agent 8.			Name and Address of New Registered Agent/Office			nt/Office
312 SUITE	RLES L TH STREET		Street Address (P.O. Box Number is No				ole)			
				City			Zip Coc			-
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.										
SIGNATURE						ure required when reinstating)				
10. Title	Managing Members/Managers			Business Street Address				City, State and Zip Code		
	GOLDEN EAGLE/SATELLITE			ar t						
MGRM	M PALMER, CHARLES L 312 SE				L 7 1	7TH STREET, SUITE FORT LA			AUDEF	RDALE FL
			į				300	-04/14/	/9801	0434 1053024 ****188.75

11. Ido 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

APR 1 3 1998,