FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am § Secretary of State **DOCUMENT #** M95000000218 1. Entity Name 05-22-2002 90203 007 ****50.00 SATELLITE ARCHERY INDUSTRIES, L.L.C. LIMITED COM PANY Principal Place of Business Mailing Address 4600 S.W. 41ST BLVD. 4600 S.W. 41ST BLVD. GAINESVILLE FL 32608 **GAINESVILLE FL 32608** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 16-1472254 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Spurlin, Henry J Street Address (P.O. Box Number is Not Acceptable) 4600 S.W. 41ST BLVD. **GAINESVILLE FL 32608** City Zip Code tity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE . Henry J. Spurlin (NOTE: Registered Agent signature required wh FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Change Addition NAME GOLDEN EAGLE/SATELLITE ARCHERY, L.L.C. NAME STREET ADDRESS 4600 S.W. 41ST BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32608** TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME PALMER, CHARLES L NAME STREET ADDRESS 312 SE 17TH STREET, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 TITLE MGR ☐ Delete TITLE Change ☐ Addition NAME SPURLIN, HENRY J NAME STREET ADDRESS STREET ADDRESS 4600 S.W. 41ST BLVD. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 Delete MGR TITLE Change ■ Addition NAME WARD, EDWARD B NAME STREET ADDRESS 4600 S.W. 41ST BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32608** TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ปี Burlin J. Spurlin SIGNATURE AND TYPED OR PRINTED NAM OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

(352)376-2327

Change

Addition