# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 OCT 31 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000940

1. Entity Name

GALE FORCE SPORTS & ENTERTAINMENT, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 5000 AERIAL CENTER. SUITE 100<br>MORRISVILLE NC 27560 | 5000 AERIAL CENTER. SUITE 100<br>MORRISVILLE NC 27560-8418 |

REINSTATEMENT 2000

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1400 Edwards Mill Road<br>Suite, Apt. #, etc. | 1400 Edwards Mill Road<br>Suite, Apt. #, etc. |
| City & State: Raleigh, NC | City & State: Raleigh, NC |
| Zip: 27607 Country: USA | Zip: 27607 Country: USA |

4. FEI Number 52-2066636 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANATION FL 33324

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE Vicky Goldstein
Signature, typed or printed name of registered agent and title if applicable.

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY
(NOTE: Registered Agent signature required when reinstating)

DATE 10/30/00

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS/MEMBERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>KT SPORTS & ENTERTAINMENT, INC.<br>5000 AERIAL CENTER, SUITE 100<br>MORRISVILLE NC 27560 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>KT SPORTS & ENTERTAINMENT, INC.<br>1400 EDWARDS MILL ROAD<br>RALEIGH, NC 27607 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 900003459389--8<br>-11/09/00--01099--024<br>*****50.00 *****50.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 900003459389--8<br>-11/09/00--01099--025<br>*****100.00 *****100.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 10-31-00 | ☐ Change ☐ Addition |

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.

by KT Sports & Entertainment, Inc., its Manager

**SIGNATURE:** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

James P. Cain, President