CR2E083 (9/01

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am DOCUMENT # M9800000940 **Secretary of State** 02-18-2002 90168 033 ****50 00 GALE FORCE SPORTS & ENTERTAINMENT, L.L.C. Principal Place of Business Mailing Address 1400 EDWARDS MILL RD. 1400 EDWARDS MILL RD. RALEIGH NC 27607 RALEIGH NC 27607 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 52-2066636 Not Applicable 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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Addition Delete KT SPORTS & ENTERTAINMENT, INC. NAME NAME STREET ADDRESS 1400 EDWARDS MILL RD. STREET ADDRESS CITY-ST-ZIP RALEIGH NC 27607 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP

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. Inment, Inc., M REQUIRED Prtainment, Mgr., By: James P. Cain, President January 31,

11. Thereby 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

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

919.462.7068