FILED 2002 UNIFORM BUSINESS REPORT (UBR): May 15, 2002 8:00 am³ Secretary of State DOCUMENT # M9900000622 1. Entity Name 05-15-2002 90056 038 ****50.00 GLASS PALACE, L.L.C. Principal Place of Business Mailing Address TWO CHAMPION DRIVE TWO CHAMPION DRIVE R0102813 AUBURN HILLS MI 48326 AUBURN HILLS MI 48326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 38-3269385 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUALO HERNANDEZ, JENNIFER Street Address (P.O. Box Number is Not Acceptable) ... 401 CHENNELSIDE DR **TAMPA FL 33602** Channelside 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition TITLE Change TITLE ☐ Delete PALACE SPORTS & ENTERTAINMENT, INC. NAME STREET ADDRESS STREET ADDRESS TWO CHAMPIONSHIP DRIVE CITY-ST-ZIP CITY-ST-ZIP AUBURN HILLS MI 48326 Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-7 CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #