2000 UNIFORM BUSINESS REPORT (UBR)

								
DOCUMENT # M9900001564 1. Entity Name GOLDEN EAGLE/SATELLITE ARCHERY, L.L.C.					FILED SECRETARY OF STATE TOIVISION OF CORPORATIONS			
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Principal Place of Business Mailing Address 1733 GUNN HIGHWAY 1733 GUNN HIGHWAY					00 NOV -6 PM 1: 02			
ODESSA FL 3	ODESSA FL 33556-5305						//	
2. Principal Place of Business 3. Mailing Address						10 (0), 0 (0), 00, 00, 00, 00, 00, 00, 00, 00, 00,		DINI dir i sedi
4600 SW 41st Blvd. 4600 SW 41st				vd.				
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS	S SPACE	
					4. FEI Number Applied For			
Caine	。 sville.FL	City & State Gainesville	זים	4.	FEI Number 31-15	76736		t Applicable
Zip	Country	Zip	Country				\$5.00 Add	
•		32608-4999	ÜS	5.	Certificate of	Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent		7.	Name and A	ddress of New Registered	d Agent	
	•		Name	onry T	Snur	lin		
C T CORPORATION SYSTEM Street Address (Box Number is	s Not Acceptable)		
	ITH PINE ISLAND ROAD			COO GW	11			
· · · · · · · · · · · · · · · · · · ·					0 SW 41st Blvd.			
City					FL Zip Code 32608			
8. The above named entity submits this natement or the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
Henry J. Spurlin Exec VP & COO 09/26/00								
SIGNATURE	Signature topo of printed name of registered agent a	reinstating)	DATE					
Make Check Payable to Department of State								
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9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/CHANGE	S	
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11. I hereby o	certify that the information supplied with	this filing does not qualify for the	ne exemption st	ated in Section	n 119.07(3)(i),	Florida Statutes. I further c	ertify that the in	formation
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.								
SIGNATURE:SIGNATURE								76-234
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dat								