APPROVED

## 2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name   DACKSONVILLE PROFESSIONAL FOOTBALL CLUB, LLC.	
Mailing Address  Mailing Address  1000 W. BAY STREET JACKSONVILLE FL 92094  2. Principal Pace of Business  Suite. Apt. #, etc.  City & State  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	
Mailing Address  Mailing Address  1000 W. BAY STREET JACKSONVILLE FL 92094  2. Principal Pace of Business  Suite. Apt. #, etc.  City & State  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	
1000 W. BAY STREET JACKSONVILLE FL 32204  2. Principal Place of Business  3. Mailing Address  Suite. Apl. #, etc.  City & State  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE FL 32301-2525  City  The above named entity submits this falsoness and steel applicable.  CHALLS  City & State  City & State  City & State  City & State  Applied For Name  Name  To Refl Number:  Name  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE FL 32301-2525  City  FL  Zip Code  Signature, lyced or pleased rame of registered agent and steel applicable.  CHALLS  CHALLS  CITY FL  THE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  DAY TO BEST ADDRESS  THE TABLES ABORES  THE TABLES A	
2. Principal Piace of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Size Address of Status Desired Status Desire	
Suite. Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Size Address of Current Registered Agent  Name  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE FI. 32301-2525  City  The above named entity submits this state representation for parent and the framplication.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  MANAGING MEMBERS / MEMBERS  TITLE HADRES  STREET AUGUSTS  TITLE MANAGING MEMBERS / MEMBERS  TITLE HADRES  TITLE HAD	
Suite. Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Size Address of Current Registered Agent  Name  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE FI. 32301-2525  City  The above named entity submits this state representation for parent and the framplication.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  MANAGING MEMBERS / MEMBERS  TITLE HADRES  STREET AUGUSTS  TITLE MANAGING MEMBERS / MEMBERS  TITLE HADRES  TITLE HAD	
City & State  Country  Country  Country  Country  S. Certificate of Status Desired  \$5.00 Additional Fee Required  7. Name and Address of New Registered Agent  Name  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE FL 32301-2525  City  FL Zip Code  3. The above named entity submits this State of Florida.  CHANGE  City  FL Zip Code  City  FL Zip Code  City  FL NoVIE Registered Agent signature recurred when reinstating)  Make Check Payable to Department of State  Desire  MANAGING MEMBERS / MEMBERS  TITE STATE ADDRESS  CITY-SE-ZIP  Change  Chang	
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required	
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  CORPORATION SERVICE COMPANY  1201 HAY'S STREET  TALLAHASSEE FL 32301-2525  City  FL Zip Code  3. The above named entity submits this statement of State of Florida.  CHALLES COLLEGE  Signature, head or pinted name of registered agent and site if applicable.  (NOTE: Registered Agent, or both, in the State of Florida.  CHALLES COLLEGE  Signature, head or pinted name of registered agent and site if applicable.  (NOTE: Registered Agent, or both, in the State of Florida.  CHALLES COLLEGE  (NOTE: Registered Agent, or both, in the State of Florida.  CHALLES COLLEGE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  10.  ADDITIONS/CHANGES  TITLE  MANA GING MEMBERS / MEMBERS  TITLE ABBRESS  CITY 87-3P  TITLE  MANA GING MEMBERS / MEMBERS  CITY 87-3P  TITLE  MANA GING MEMBERS / MEMBERS  CITY 87-3P  TITLE  MANA GING MEMBERS / MEMBERS  CITY 87-3P  MANA GING MEMBERS  CITY 87	e
Name    Street Address (P.O. Box Number is Not Acceptable)   City   FL   Zip Code	$\dashv$
1201 HAYS STREET TALLAHASSEE FL 32301-2525  City FL Zip Code  3. The above named entity submits this statement of purpose of changing its registered office or registered agent, or both, in the State of Florida.  CHANGE Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  3. THE NAME STREET ADDRESS	_   _
TALLAHASSEE FL 32301-2525  City  FL Zip Code  3. The above named entity submits this statement of the property of changing its registered office or registered agent, or both, in the State of Florida.  CHALLES CLY  Signature, typed or printed name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  3. MANAGING MEMBERS   10. ADDITIONS/CHANGES  TITLE NAME STREET ADDRESS	
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SIGNATURE    Signature, typed or printed name of registered agent and total if applicable. (NOTE. Registered Agent signature required when reinstating)    FILE NOW!!! FEE IS \$50.00	
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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 soprature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

45/00

JUS-818-8630

Daytime Phone #