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FILED
Jun 05, 2002 8:00 am
Secretary of State
05-15-2002 90131 017 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001816

1. Entity Name

Jacksonville Professional Football Club LLC

DO NOT WRITE IN THIS SPACE

[redacted]

91520

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1000 W Bay Street Suite, Apt. #, etc.	3190 NE Expressway Suite, Apt. #, etc. #410
City & State: Jacksonville FL	City & State: Atlanta GA
Zip: 32204 Country: Duval	Zip: 30341 Country: DeKalb

4. FEI Number 593594115 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David Berkman, Chief Operating Officer 3324 Lacebend Court Atlanta GA 30327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO, Chief Financial Officer Charles Lilly 1040 Linkside Drive Birmingham AL 35242
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director of Sales & Marketing Brent Berger 4052 Glenlake Terrace Kennesaw GA 30144
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CR2E083B (12/01)

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: _____ 4/25/02 770 454 7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #