2000 UNIFORM BUSINESS REPORT (UBR) 5/1 FILED DOCUMENT # N43925 Jun 06, 2000 8:00 am Secretary of State 1. Entity Name PALM BEACH COUNTY SPORTS COMMISSION, INC. 05-16-2000 90104 036 ****61.25 Principal Place of Business Mailing Address % 1555 PALM BEACH LAKES BLVD % 1555 PALM BEACH LAKES BLVD **SUITE 1410 SUITE 1410** WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0263296 Not Applicable Country \$8.75 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box WATT, JAMES L. STEEL HECTOR & DAVIS 1990 PHILLIPS PT-W. 777 S. FLAGLER DR WEST PALM BEACH/FL 33401 the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity submits this statement to SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered eg Make Check Payable to Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE 19 \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change ۷P ☐ Delate TITLE TITLE EISSEY, ED DR NAME NAME **CR2E037** STREET ADDRESS STREET ADDRESS 118 CRUISER RD N CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33408 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CASEY, PATRICK J. NAME STREET ADDRESS STREET ADDRESS 515 N. FLAGER DR. CITY-SY-ZIP CITY-ST-ZIR WEST PALM BEACH FL ☐ Change ☐ Addition TITLE ED Delete TITLE GERIG, PAMELA NAME NAME STREET ADDRESS STREET ADDRESS 1555 PALM BEACH LAKES BLVD, SUTTE 1410 CITY-ST-ZIP CITY-ST-7IP N PALM BEACH FL ☐ Addition ☐ Delete ☐ Change TITLE TITLE WATT, JIM NAME STREET ADDRESS 777 S. FLAGLER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL Change ☐ Addition mle □ Delete mir NAME NAME ELLINGTON, RICHARD STREET ADDRESS STREET ADDRESS 222 LAKEVIEW AVE, SUITE 1400 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition ☐ Delete RTLE NAME KRIELOW, GARY STREET ADDRESS STREET ADDRESS 2700 PGA BLVD STE 203 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

signature requiri SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR