2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

May 02, 2007 8:00 am Secretary of State DOCUMENT # P05000105598 05-02-2007 90082 028 ***150.00 1. Entity Name THE RACING NETWORK, INC. Principal Place of Business Mailing Address daras. 24761 US HWY 19 N 24761 US HWY 19 N SUITE 630 SUITE 630 CLEARWATER, FL 33763 US CLEARWATER, FL 33763 US 04242007 CR2E034 (12/06) Applied For 4 FEI Number 20-3229956 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOURTAS, LOUIS C 24761 US HWY 19 N **SUITE 630** CLEARWATER, FL 33763 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. I am and accept the obligations of registr red age SIGNATURE. Signature viper of registered agent and title if anohoable FILE NOW!!! FEE IS \$150.00 After May: 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME THREE SIXTY HOLDINGS LLC Three Sixty Hold NAME STREET ADDRESS 24761 US HWY 19 NORTH SUITE 630 STREET ADDRESS 2430 Estaricia Suite 108 CITY - ST - ZIP CLEARWATER, FL 33763 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete DILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackmiss with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

FILED