

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003301

Entity Name: NASCAR PRODUCTIONS, LLC**Current Principal Place of Business:**550 SOUTH CALDWELL STREET, #500
CHARLOTTE, NC 28202**Current Mailing Address:**ATTN: DAWN LONG
ONE DAYTONA BOULEVARD
DAYTONA BEACH, FL 32114 US**FEI Number:** 91-2031199**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CROTTY, W. GARRETT
ONE DAYTONA BOULEVARD
DAYTONA BEACH, FL 32114 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title MGRM
Name NASCAR MEDIA VENTURES, LLC
Address 550 SOUTH CALDWELL STREET, #500
City-State-Zip: CHARLOTTE NC 20202-2627

Title TREASURER
Name BENNETT, EDWARD E.
Address ONE DAYTONA BOULEVARD
City-State-Zip: DAYTONA BEACH FL 32114

Title PRESIDENT
Name PHELPS, STEPHEN R.
Address ONE DAYTONA BOULEVARD
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name CLARK, THOMAS "TIM"
Address 550 SOUTH CALDWELL STREET
City-State-Zip: CHARLOTTE NC 28202

Title VP
Name STUM, STEVE R
Address 550 SOUTH CALDWELL STREET
City-State-Zip: CHARLOTTE NC 28202

Title SECRETARY
Name OLIVER, AMANDA A.
Address ONE DAYTONA BOULEVARD
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name HERBST, BRIAN T.
Address 550 SOUTH CALDWELL STREE
City-State-Zip: CHARLOTTE NC 28202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMANDA A. OLIVER**SECRETARY****04/21/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date