CT CORPORATION SYSTEM

M01000002004

Axcess Sports & Entertainme	ent, LLC		
The state of the s			
	W	ALL SE	
		OI NOV	74PP
1.0.21		AND FILED PH ASSEE, F	<u>~</u>
	The state of the s	F P E E	٠. -ج <u>ـ</u> ب
	The state of the s	2: E	
		71 57 57 57 57 57 57 57 57 57 57 57 57 57	
() Profit () Nonprofit	() Amendment	() Merger	<u></u>
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark () Other () Change of RA () UCC	
() Limited Partnership	() Annual Report	() Other = [1]	
VLLC	() Name Registration	() Change of RA	
VX/0-326-1-0	() Fictitious Name	()UCC PER IM	
Certified Copy	() Photocopies	() CUS (1827 187 187 187 187 187 187 187 187 187 18	
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out	V**/		
Name	11/19/01	Order#: 4909978	
Availability		4000046990049	Ž. 13
Document	a Ao	4000046880049 -11/19/0101049026	
Examiner	N3	Ref#: ****155.00 *****155.00	Dht.
Updater			
Verifier		•	

Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

W.P. Verifier

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of forei	gn Iir	nited liability company)		-
Delaware		3	Applied For		
(Jurisdiction under to company is organize	he law of which foreign limited liability d)	, .,	(FEI number, if applicable)		-
October 22, 2001 (Date	of Organization)	5.	Perpetual (Duration: Year limited liability company will cerexist or "perpetual")	ase to	-
Upon Qualification	n		• •		
		ee se	ections 608.501, 608.502, and 817.155, F.S.)	-	
One Independent I	Orive, Suite 2602				
Jacksonville, Flori	da 32202				•
	(Street addr	ess of	f principal office)		-
If limited liabili	ty company is a manager-manag	ed c	ompany, check here	ÀS	•
The usual busine	ess addresses of the managing m	emb	ers or managers are as follows:	AHA THA	
One Independent				SSEE	
Jacksonville, Flori	da 32202			FL(:
				ACIDA J. H.	-
e jurisdiction under the	nal certificate of existence, no more than law of which it is organized. (A photoc ate under oath of the translator must be s	opyi	tys old, duly authenticated by the official having cust s not acceptable. If the certificate is in a foreign lang tted.)	tody of rec uage, a	con
. Nature of busin	ess or purposes to be conducted	or p	romoted in Florida: Any and all legal purpos	es.	
	Mihael (·	•
	(In accordance with section 608.408(3) an affirmation under the penalties of po	F.S.,	Drized representative of a member. the execution of this document constitutes that the facts stated herein are true.)		
	Michael L. Huyghue, as sole Memi				
	Typed or printe	dn	ame of signer		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:
A	Axcess Sports & Entertainment, LLC
2.	The name and the Florida street address of the registered agent and office are:

C T Corporation System (Name) c/o C T Corporation System, 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

C T Corporation System FETER F. SOUZA ASSISTANT SECRETARY (Signature)

> \$ 100.00 Filing Fee for Application Designation of Registered Agent 25.00 30.00 Certified Copy (optional) Certificate of Status (optional) 5.00

State of Delaware

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXCESS SPORTS & ENTERTAINMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF NOVEMBER, A.D. 2001.

SECRETARY OF STATE



Warriet Smith Windson, Secretary of State

3448628 8300

010570532

AUTHENTICATION: 1442501

DATE: 11-13-01

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000002604

Entity Name: AXCESS SPORTS & ENTERTAINMENT, LLC

FILED Apr 11, 2002 8:00 AM Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

ONE INDEPENDENT DR., STE. 2602 JACKSONVILLE, FL 32202 ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202

Current Mailing Address:

New Mailing Address:

ONE INDEPENDENT DR., STE. 2602 JACKSONVILLE, FL 32202 ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202

FEI Number: 59-3754819

JACKSONVILLE, FL 32202

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FEI Number Applied For ()

Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: () Delete Name:

Title: MGRM () Change (X) Addition
Name: HUYGHUE, MICHAEL L MGRM
Address: ONE INDEPENDENT DRIVE, SUITE 2602

Address: City-St-Zip:

City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: MICHAEL L. HUYGHUE MGRM 04/11/2002

2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M0100002604

1. Entity Name

CITY-ST-ZIP



FILED May 28, 2003 8:00 am Secretary of State

05-28-2003 90035 011 ****50.00

AXCESS SPORTS & ENTERTAINMENT, LLC												
Principal Place of Business ONE INDEPENDENT DR SUITE 2602 JACKSONVILLE FL 32202 2. Principal Place of Business		SUITE 2602	ONE INDEPENDENT DR									
2. Principal F	Place of Busin	ness	3. Mailing Address	<u> </u>		†· 						
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF M.	AKING CHANGES				
City & Stat	te		City & State			4. FEI Num	ber 59-3754819		pplied For]		
Zip Country		Zip	Count	try	5. Certifica	te of Status Desired	\$5.00	ditional				
	6. Name	and Address of Curre	ent Registered Agent			7. Name a	nd Address of New Regist	tered Agent	•	1		
					Name							
1200		TION SYSTEM INE ISLAND ROAD			Street Address (P.O. Box Num	ber is Not Acceptable)					
FLA	MIATION	L 33324			City			Zip Cod		-		
					City			FL Zip Coo	ie			
	named entit tions of regist		nt for the purpose of changing	ng its registere	ed office or register	ed agent, or b	ooth, in the State of Florida.	I am familiar with,	and accept			
SIGNATURE .	0'			(1)								
	Signature, typed	or printed name of registered ag			Agent signature required	when reinstating)		DATE		}		
					FEE IS \$50.00							
		Ë	Make Check Pa	yable to Flo Due By Ma	•	nt of State						
9.		MANAGING MEN	MBERS/MANAGERS	10.			ADDITIONS/CHA	NGES		1_		
TITLE	MGRM		☐ Delete	TITLE				☐ Change	☐ Addition	CR2E083 (10/02		
NAME		e, Michael L Mgri		NAME						[원		
STREET ADDRESS		EPENDENT DRIVE, S	SUITE 2602		ET ADDRESS					8		
CITY-ST-ZIP		WILLE FL 32202		CITY-	ST-ZIP	414				띲		
TITLE NAME	N.G.R		C TT. Delete	TITLE				☐ Change	Addition	5		
STREET ADDRESS	TOME	CE, SOHN			ET ADDRESS	ykce e	PINDINT DR. PLNDINT DR. DE PL 3225	6 - 267.9		1		
CITY-ST-ZIP	<u>-</u>	ಆರಂಭರ ಕ	<u>-</u>	CITY-	ST-ZIP .	V /NUC	PLNOTAT UK	-6	•	1		
TITLE			Delete	TITLE				Change	☐ Addition	1		
NAME		•		NAME	[
STREET ADDRESS		•		STREE	ET ADDRESS					1		
CITY-ST-ZIP				CITY-	ST-ZIP							
TITLE			☐ Delete	TITLE				Change	☐ Addition			
NAME	<u> </u>			NAME								
STREET ADDRESS					ET ADDRESS ST-ZIP							
CITY-ST-ZIP										1		
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition			
NAME STREET ADDRESS				NAME	T ADDRESS					}		
CITY-ST-ZIP					ST-ZIP							
TITLE	 		Delete	TITLE	- +			☐ Change	Addition	1		
NAME	}		L. Celete	NAME			•	<u>г</u> опанув				
STREET ADDRESS					et address					1		

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.

CITY-ST-ZIP

SIGNATURE: ____ TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 18, 2004 8:00 am Secretary of State DOCUMENT # M01000002604 1. Entity Name 02-18-2004 90098 039 ****50.00 AXCESS SPORTS & ENTERTAINMENT, LLC Principal Place of Business Mailing Address ONE INDEPENDENT DR., ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE FL 32202 SUITE 2602 JACKSONVILLE FL 32202 24012418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 59-3754819 Not Applicable DE Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE (S \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change Addition NAME HUYGHUE, MICHAEL L MGRM NAME STREET ADDRESS ONE INDEPENDENT DRIVE, SUITE 2602 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP MGRM TITLE ☐ Delete ☐ Change ☐ Addition NAME PEARCE, JOHN C II NAME STREET ADDRESS ONE INDEPENDENT DR., S-2602 STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32266 32202 CITY-ST-ZIP MGRN TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME Snapiro, Nevin one Independent DR. 5-2602 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32205 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-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

11. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # M0100002604 1. Entity Name AXCESS SPORTS & ENTERTAINMENT, LLC						!	04-11-2005	90044 01	2 ****50.	00
Principal Place	e of Business	Mailing Address			_		200204	20	•	
ONE INDEPE	NDENT DR.,	ONE INDEPENDENT DR	,		-	_	200284	งข		
SUITE 2602	5 F) 44040	SUITE 2602		,						
JACKSONVILL	E, FL 32202	JACKSONVILLE, FL 322	202			1 Shearth an t	e ith ann dùin bhia th	IRIA Bri lla Bri lland	ruik Biili aam eru	IBI Di Subi
2. Principal P	face of Business	3. Mailing Address			_					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03	252005	Chg-LLC	CR2E	083 (10/03)	
City & State	9	City & State			1	FEI Number 59-3754			<u> </u>	oplied For at Applicable
Zip ·	Country	Zip	Coun	try	5. (Certificate o	of Status Desired		\$5.00 Add	
	6. Name and Address of Current F	Registered Agent			7 1	Name and	Address of New I	Bagistared	Fee Require	<u> </u>
· · · · · · · · · · · · · · · · · · ·	V. Maino and Abarose of Carron I	togistorea Agent		Name .		^ .1	Audiess of New	negisiereu	w.Benr	
CTCORP	ORATION SYSTEM			Mi	chael	<u>y</u> ++	myshue	-		
	TH PINE ISLAND ROAD			Street Addres	\$\$ (P.O. E	30x Number	is Not Acceptable	le)		
PLANTAII	ON, FL 33324			OAC	7. 1.	perde	nt Driv	- 5	rik 2	602
	•			City		1 .			Zip Code	
		·		JAC		VILLE		FL	- ` 3	2 <u>30</u> 0 L
the obligati	named entity submits this statement for ions of registered agent. Signature, bled or printed name of registered agent a	Huy glue	•	30 OMICE OF regis			i, in the State of F	lorida. I am	tamiliar with,	and accept
										257453
Fi Du	ling Fee is \$50.00 ue by May 1, 2005			-		To the second			payable to nent of Statu	
9.	MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS	/CHANGE	3	
TITLE	MGRM	☐ Delete	TITLE						Change	Addition
NAME	HUYGHUE, MICHAEL L MGRM		NAM	ſ						
STREET ADORESS	ONE INDEPENDENT DRIVE, SU	ITE 2602		ET ADDRESS						
CITY+ST-ZIP	JACKSONVILLE, FL 32202		┪—	-ST-ZIP						
TITLE NAME	MGRM PEARCE, JOHN C II	☐ Detete	TITLE	- 1			•		Change	Addition
STREET ADDRESS	ONE INDEPENDENT DR., S-260	2		ET ADORESS						
CITY-ST-ZIP	JACKSONVILLE, FL 32256	4	-	-ST-ZIP						
TITLE	MGRM	☐ Detete	TITLE						Change	Addition
-NAME	SHAPIRO, NEVIN		NAM	•					C	
STREET ADORESS	ONE INDEPENDENT DR. S-2602	?	STRE	ET ADDRESS				-		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY	-ST-ZIP		_				
TITLE		☐ Delete	ากน						Change	☐ Addition
NAME			NAM	f·						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			-	-ST-ZIP						
TITLE		Delete	TIEL	ľ					Change	☐ Addition
NAME CTREET ARRESCO			NAM	E Et adoress						
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP						
TITLE	<u> </u>	☐ Delete	TITUE					·· ··	☐ Change	☐ Addition
NAME		· neiste	NAM						- Avening	C. Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	the same	e legal effect as	if made i	under gath:	that I am a mana	. I further ce aging memb	ertify that the in her or manage	nformation or of the

4-5-05 (904) 30(-3000)
Date Devime Phone 6



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90016 040 ****50.00

DOCUMENT # M0100002604 1. Entity Name AXCESS SPORTS & ENTERTAINMENT, LLC							04-27-2006 9	90016 0	40 ****50).00	
Principal Plac ONE INDEPE SUITE 2602 JACKSONVILL	NDENT DR.,		Mailing Address One Independent Dr., Suite 2602 Jacksonville, Fl. 32202				 	IBFAT MAIF ATFIL BAIM AGN	ii Ra nil al lie i	1919 Shii 1811 Bi	# 3 0 1: \$ 7 3 4
2. Principal P	lace of Busin	ess	3. Mailing Address								
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.				03152006	Chg-LLC	CR2E	083 (11/05)	
City & Stat	e		City & State	•			4. FEI Number 59-3754				pplied For ot Applicable
Zip		Country	Zip	Coun	try		5. Certificate	of Status Desired		\$5.00 Add	
	6. Name	and Address of Current R	egistered Agent					Address of New R	legistered	Agent	
HAYSHIRE	E. MICHAE	- L						turghue			
ONE INDE SUITE 260 JACKSON	PENDAN 12	T DRIVE			Street Ac	dress (F	P.O. Box Numbe lepender	r is Not Acceptable of DRIVE	Suit	z 260°	ນ
JACKSON	IVIEEE, FE	32202			City / A	ckso	mille		FL	Zin Coo	ie 202
	named entity ions of regist		the purpose of changing its	registere	ed office or	registere	ed agent, or both	n, in the State of Flo	orida. I am		
SIGNATURE .	Signature, typed	or printed name of registered agent ar	id title if applicable. (NOTE	: Registere	d Agent signatu	re required	when reinstating)		DATE	<u>_</u>	
	iling Fee i ue by May	s \$50.00 y 1, 2006						Florida	Departn	payable to nent of Stat	
9.	MGRM	MANAGING MEMBER	···	10.	.			ADDITIONS/	CHANGE		CT Address
TITLE NAME	l .	E, MICHAEL L MGRM	☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		EPENDENT DRIVE, SUI IVILLE, FL 32202	TE 2602		ET ADDRESS -ST-ZIP						
TITLE	MGRM		☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS		JOHN C 11 EPENDENT DR., S-2602	1	NAM	E Et address						
CITY-ST-ZIP	į.	IVILLE, FL 32256	•		-ST-ZIP						
TITLE	MGRM		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS	SHAPIRO	, NEVIN EPENDENT DR. S-2602		NAMI	E ET ADDRESS						!
CITY-ST-ZIP		VILLE, FL 32205			-ST-ZIP					_	
TITLE			☐ Delete	TITLE		ME	RM	TOHN A FIRE BLI N, IL 6		☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	E ADDRESS	377	BERKSE	FIRE BU	VD QV		
CITY-ST-ZIP					-ST-ZIP	R45	F ALTO	N, 12 6	2024	:	
TITLE			☐ Delete	TITU	E .			,		☐ Change	Addition
NAME				NAM	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				-	-ST-ZIP						
TITLE			☐ Delete	TITL	i					☐ Change	Addition
NAME STREET ADDRESS	NA STI										
CITY-ST-ZIP				1	-ST-ZIP						
indicated	l on this rong	rt ie trug and accurate and t	this fiting does not qualify for hat my signature shall have empowered to execute this	the sam	e legal etter	ctasıtm	iade under cath:	ithat i am a manad	urther certi ging memb	fy that the info per or manag	ormation er of the
	. Jy Jonipa	. 10. 5		1	,	,,,		3-23-			+
SIGNAT	URE:	MO TIPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER MA	AGER. OF	AUTHORIZED	REPRESE	NTATIVE	3 - L 5 -	~ 10	Osytime Phone #	

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002604

City-St-Zip:

FILED Jan 09. 2007 Secretary of State

Entity Name: AXCESS SPORTS & ENTERTAINMENT, LLC

Current Principal Place of Business: New Principal Place of Business: ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202 FEI Number: 59-3754819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUYGHUE, MICHAEL ONE INDEPENDENT DRIVE SUITE 2602 JACKSONVILLE, FL 32202 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGRM Title: () Change () Addition () Delete Name: HUYGHUE, MICHAEL L MGRM Name: ONE INDEPENDENT DRIVE. SUITE 2602 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PEARCE, JOHN C II Name: Name: Address: ONE INDEPENDENT DR., S-2602 Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: MGRM Title: () Change () Addition Title: () Delete SHAPIRO, NEVIN Name: Name: ONE INDEPENDENT DR. S-2602 Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SIMMONS, JOHN A Name: Name: 707 BERKSHIRE BLVD Address: Address: EAST ALTON, IL 62024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this 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 608, Florida Statutes.

City-St-Zip:

SIGNATURE: MICHAEL HUYGHUE **PRES** 01/09/2007

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 15, 2008 8:00 am Secretary of State

DOCUMENT # M0100002604 1. Entity Name AXCESS SPORTS & ENTERTAINMENT, LLC						^	02-15-2008 90	•		
ONE INDEPE SUITE 2602 JACKSONVILL	E, FL 32202	Mailing Address ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202								
	lace of Business - No P.O. Box #	3. Mailing Address 238 Ponte Vedra	Dark D	<u> </u>						
Suite, Apt.		Suite, Apt. #, etc.	- Talk Di			02052008	Chg-LLC	CR2E08:	. (40(0e)	
Ste. 1 City & State		Ste. 102							<u> </u>	-r-a-
	dra Beach, Fl	City & State Ponte Vedra Beach	, FL			4. FEI Numb 59-375				plied For t Applicable
Zip 32082	Country	Zip	Country	у	-	5. Certificate	of Status Desired		5.00 Add	
32082	6. Name and Address of Current F	32082 Registered Agent	1		!	7. Name and	Address of New Ro		e Require	
				Name -		-	= = = = =	-		
	E, MICHAEL PENDENT DRIVE		-	Street Ad	ddress (F	P.O. Box Numb	er is Not Acceptable)		
SUITE 260)2 VILLE, FL 32202		-	238 P	onte V	Vedra Park	Drive, Ste 10	12		
37010011	VILLE, I E 32202		Ļ	City					Zip Code	
9. The above	named entity submits this statement for	the purpose of phoneirs its			<u> </u>	e Vedra Be		FL	32082	
	ions of registered agent.	the purpose of changing its	registered	onice or	registere	ed agent, or bo	in, in the State of Fio	поа. таптаг И	niliar with,	and accept
SIGNATURE .	Signature, typad or printed name of registered agent as	nd tile happlicable. (NOTE	: Registered A	Agent signatu	re required	when reinstating)		2/11/0	8	
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75				_		Make Florida	check pay Departmen		
9.	MANAGING MEMBER		10.		MGRM		ADDITIONS/		w.	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUYGHUE, MICHAEL L MGRM ONE INDEPENDENT DRIVE, SUI JACKSONVILLE, FL 32202	□ Delete TE 2602	TITLE NAME STREET CITY-S	ADORESS IT-ZIP	Huygh 238 F		el a Park Dr. Ste ach, FL 32082		X Change	Addition
TITLE	MGRM	☐ Delete	TITLE		MGRM	ce, John C	TT		X Change	Addition
NAME STREET ADDRESS	PEARCE, JOHN C II ONE INDEPENDENT DR., S-2602	,	NAME STREET	ADDRESS	238 F	Ponte Vedra	a Park Dr, Ste	102		}
CITY-ST-ZIP	JACKSONVILLE, FL 32256	-	CITY-S		Ponte	e Vedra Bea	ach, FL 32082			
TITLE	MGRM	☐ Delete	TITLE	l1	MGRM	ro, Nevin	-		X Change	Addition
NAME STREET ADDRESS	SHAPIRO, NEVIN ONÉ INDEPENDENT DR. S-2602		NAME STREET	ADORESS		•	Park Dr, Ste	102		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-S		Ponte	Vedra Bea	ch, FL 32082			
TITLE	MGRM	☐ Delete	TITLE					[Change	Addition
NAME STREET ADDRESS	SIMMONS, JOHN A 707 BERKSHIRE BLVD		name Street	ADDRESS						
CITY-ST-ZIP	EAST ALTON, IL 62024		CITY-S							
TITLE		☐ Delete	TITLE						Change	Addition
name Street address			NAME STREET	ADDRESS						-
CITY-ST-ZIP			CITY-S	- 1						
TITLE		Delete	TITLE			·		(Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS						
CITY-ST-ZIP			CITY-S	1						
indicated	11. I hereby 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 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.									