



CT CORPORATION SYSTEM

MD10000002604

CORPORATION(S) NAME

Access Sports & Entertainment, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 19 PM 2:57

APPROVED  
AND  
FILED

- Profit
- Nonprofit
- Foreign
- Limited Partnership
- LLC
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Reinstatement
- Annual Report
- Name Registration
- Fictitious Name
- Photocopies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of RA
- UCC
- CUS
- After 4:30
- Pick Up

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

01 NOV 19 PM 1:36

RECEIVED

Name  
Availability \_\_\_\_\_  
Document  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

11/19/01

MS

Order#: 4909978

400004688004--9

-11/19/01--01049--026

Ref#: \*\*\*155.00 \*\*\*155.00

Amount: \$ \_\_\_\_\_

UPB  
11-19-01

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

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

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

1. Access Sports & Entertainment, LLC  
(Name of foreign limited liability company)

2. Delaware 3. Applied For  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 22, 2001 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. One Independent Drive, Suite 2602  
Jacksonville, Florida 32202  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The usual business addresses of the managing members or managers are as follows:

One Independent Drive, Suite 2602  
Jacksonville, Florida 32202

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

01 NOV 19 PM 2:57

APPROVED  
AND  
FILED

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Any and all legal purposes.

*Michael L. Huyghue*

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael L. Huyghue, as sole Member

Typed or printed name of signee

### 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:

Access 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

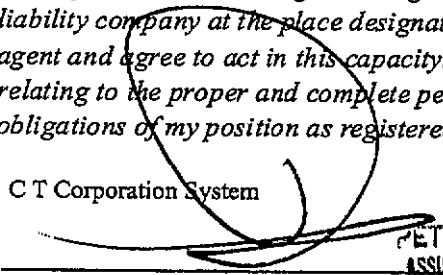
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 19 PM 2:57

APPROVED  
AND  
FILED

*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



**PETER F. SOUZA**  
**ASSISTANT SECRETARY**

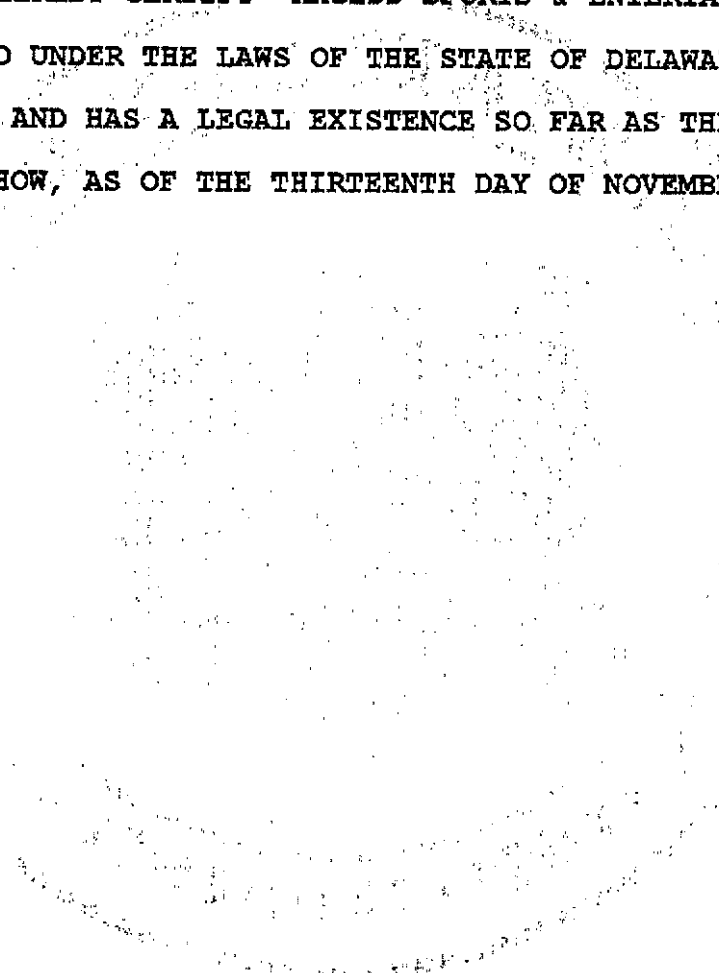
(Signature)

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

State of Delaware  
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCESS 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.



APPROVED  
-AND  
FILED

01 NOV 19 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3448628 8300

010570532

AUTHENTICATION: 1442501

DATE: 11-13-01

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000002604

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

**Entity Name:** ACCESS SPORTS & ENTERTAINMENT, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

ONE INDEPENDENT DR.,  
SUITE 2602  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

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

**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 (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # M01000002604

1. Entity Name

AXCESS SPORTS & ENTERTAINMENT, LLC



Principal Place of Business

Mailing Address

ONE INDEPENDENT DR..  
SUITE 2602  
JACKSONVILLE FL 32202

ONE INDEPENDENT DR..  
SUITE 2602  
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3754819**

Applied For

Not Applicable

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

10106119



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGRM HUYGHUE, MICHAEL L MGRM**  
STREET ADDRESS **ONE INDEPENDENT DRIVE, SUITE 2602**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
~~MGRM PEARCE, JOHN C III~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
**MGRM PEARCE III, JOHN C.**  
STREET ADDRESS **ONE INDEPENDENT DR, S-2602**  
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_

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

**SIGNATURE REQUIRED**  
*[Signature]*

4/27/03 904-301-3000  
Date Daytime Phone #

CR2E083 (10/02)

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

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90098 039 \*\*\*\*50.00

**DOCUMENT # M01000002604**

1. Entity Name

**AXCESS SPORTS & ENTERTAINMENT, LLC**



Principal Place of Business

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

Mailing Address

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

**24012418**



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**DE 59-3754819**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM  Delete  
 NAME: HUYGHUE, MICHAEL L MGRM  
 STREET ADDRESS: ONE INDEPENDENT DRIVE, SUITE 2602  
 CITY-ST-ZIP: JACKSONVILLE FL 32202

TITLE: MGRM  Delete  
 NAME: PEARCE, JOHN C II  
 STREET ADDRESS: ONE INDEPENDENT DR., S-2602  
 CITY-ST-ZIP: JACKSONVILLE FL ~~32266~~ 32202

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

10. ADDITIONS/CHANGES

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: MGRM  Change  Addition  
 NAME: Shapiro, Nevin  
 STREET ADDRESS: One Independent DR. S-2602  
 CITY-ST-ZIP: Jacksonville, FL 32205

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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:** *Michael L. Huyghue*

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

*2-5-04 904-301-3000*

Date

Daytime Phone #



**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-11-2005 90044 012 \*\*\*\*50.00

**20028439**




<b>DOCUMENT # M0100002604</b>					
1. Entity Name ACCESS SPORTS & ENTERTAINMENT, LLC					
Principal Place of Business ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202			Mailing Address ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3754819	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name <u>Michael Huyghue</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>One Independent Drive Suite 2602</u>		
			City <u>JACKSONVILLE</u>		Zip Code <u>32202</u>
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 <u>Michael Huyghue</u>			DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUYGHUE, MICHAEL L MGRM ONE INDEPENDENT DRIVE, SUITE 2602 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARCE, JOHN C II ONE INDEPENDENT DR., S-2602 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAPIRO, NEVIN ONE INDEPENDENT DR. S-2602 JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Michael Huyghue</u>			Date <u>4-5-05 (904) 301-3000</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90016 040 \*\*\*\*50.00

DOCUMENT # M01000002604					
1. Entity Name ACCESS SPORTS & ENTERTAINMENT, LLC					
Principal Place of Business ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202			Mailing Address ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3754819	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
HAYSHIRE, MICHAEL ONE INDEPENDANT DRIVE SUITE 2602 JACKSONVILLE, FL 32202		Name <i>Michael L. Huyghue</i>			
		Street Address (P.O. Box Number is Not Acceptable) <i>One Independent Drive, Suite 2602</i>			
		City <i>Jacksonville</i> FL Zip Code <i>32202</i>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 ✓ Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEARCE, JOHN C II		NAME		
STREET ADDRESS	ONE INDEPENDENT DR., S-2602		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAPIRO, NEVIN		NAME		
STREET ADDRESS	ONE INDEPENDENT DR. S-2602		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>X Michael L. Huyghue</i>			Date <i>3-23-06</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Jan 09, 2007  
Secretary of State

DOCUMENT# M01000002604

Entity Name: ACCESS SPORTS & ENTERTAINMENT, LLC

**Current Principal Place of Business:**

ONE INDEPENDENT DR.,  
SUITE 2602  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DR.,  
SUITE 2602  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 59-3754819      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUYGHUE, MICHAEL  
ONE INDEPENDENT DRIVE  
SUITE 2602  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: HUYGHUE, MICHAEL L MGRM  
Address: ONE INDEPENDENT DRIVE, SUITE 2602  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM ( ) Delete  
Name: PEARCE, JOHN C II  
Address: ONE INDEPENDENT DR., S-2602  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM ( ) Delete  
Name: SHAPIRO, NEVIN  
Address: ONE INDEPENDENT DR. S-2602  
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM ( ) Delete  
Name: SIMMONS, JOHN A  
Address: 707 BERKSHIRE BLVD  
City-St-Zip: EAST ALTON, IL 62024

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 HUYGHUE      PRES      01/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

02-15-2008 90054 014 \*\*\*138.75



**DOCUMENT # M01000002604**

1. Entity Name  
**AXCESS SPORTS & ENTERTAINMENT, LLC**

Principal Place of Business  
**ONE INDEPENDENT DR.,  
 SUITE 2602  
 JACKSONVILLE, FL 32202**

Mailing Address  
**ONE INDEPENDENT DR.,  
 SUITE 2602  
 JACKSONVILLE, FL 32202**

2. Principal Place of Business - No P.O. Box #  
**238 Ponte Vedra Park Dr.**

3. Mailing Address  
**238 Ponte Vedra Park Dr.**

Suite, Apt. #, etc.  
**Ste. 102**

Suite, Apt. #, etc.  
**Ste. 102**

02052008 Chg-LLC CR2E083 (12/06)

City & State  
**Ponte Vedra Beach, FL**

City & State  
**Ponte Vedra Beach, FL**

4. FEI Number  
**59-3754819**

Applied For  
 Not Applicable

Zip  
**32082**

Country

Zip  
**32082**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUYGHUE, MICHAEL  
 ONE INDEPENDENT DRIVE  
 SUITE 2602  
 JACKSONVILLE, FL 32202**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**238 Ponte Vedra Park Drive, Ste 102**  
 City **Ponte Vedra Beach** **FL** Zip Code **32082**

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 *Michael L. Huyghue*

DATE **2/11/08**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM**  Delete  
 NAME **HUYGHUE, MICHAEL L MGRM**  
 STREET ADDRESS **ONE INDEPENDENT DRIVE, SUITE 2602**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **MGRM**  Change  Addition  
 NAME **Huyghue, Michael**  
 STREET ADDRESS **238 Ponte Vedra Park Dr, Ste 102**  
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **MGRM**  Delete  
 NAME **PEARCE, JOHN C II**  
 STREET ADDRESS **ONE INDEPENDENT DR., S-2602**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **MGRM**  Change  Addition  
 NAME **Pearce, John C II**  
 STREET ADDRESS **238 Ponte Vedra Park Dr, Ste 102**  
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **MGRM**  Delete  
 NAME **SHAPIRO, NEVIN**  
 STREET ADDRESS **ONE INDEPENDENT DR. S-2602**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **MGRM**  Change  Addition  
 NAME **Shapiro, Nevin**  
 STREET ADDRESS **238 Ponte Vedra Park Dr, Ste 102**  
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **MGRM**  Delete  
 NAME **SIMMONS, JOHN A**  
 STREET ADDRESS **707 BERKSHIRE BLVD**  
 CITY-ST-ZIP **EAST ALTON, IL 62024**

Change  Addition

TITLE  Delete

Change  Addition

TITLE  Delete

Change  Addition

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.

SIGNATURE: *Michael Huyghue*

DATE **2/11/08** DAYTIME PHONE # **904-813-6340**

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

Date

Daytime Phone #