

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022864

**FILED**  
**Mar 08, 2005**  
**Secretary of State**

**Entity Name:** SPORTS FEDERATION LLC

**Current Principal Place of Business:**

7501 W OAKLAND PARK BLVD.  
305  
LAUDERHILL, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

7501 W OAKLAND PARK BLVD.  
305  
LAUDERHILL, FL 33019

**New Mailing Address:**

**FEI Number:** 16-1630945      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MANAGEMENT AND MARKETING SERVICES, INC.  
7801 N.W 40TH STREET  
HOLLYWOOD, FL 33024      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: MGR      ( ) Delete  
Name: STOKES, WYLIE  
Address: 7801 N.W 40TH ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGR      ( ) Delete  
Name: BURGESS, JOE  
Address: 3300 N.UNIVERSITY DRIVE #408  
City-St-Zip: CORAL SPRING, FL 33065

**ADDITIONS/CHANGES:**

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 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: WYLIE STOKES

MGR

03/08/2005

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