L0800040543

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



800159760558

08/20/09--01037--009 **35.00

09/03/09--01017--011 **55.00

OSEP-9 PHIZ: 50
SEP-9 PHIZ: 50
SECRETARY OF STATE

Office Use Only

S. HAWKES
SEP 1 0 2009
EXAMINER

S. HAWKES

SEP 1 29000

EXAMINER



August 24, 2009

D.SCOTT POLEY 9550 16TH STREET NORTH ST. PETERSBURG, FL 33716

SUBJECT: BASEBALL INTERNET RIGHT COMPANY LLC

Ref. Number: L08000040543

We have received your document for BASEBALL INTERNET RIGHT COMPANY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 709A00028491

Suzanne Hawkes Regulatory Specialist II

COVER LETTER

_	ion Section of Corporations			
SUBJECT:	Baseball Ir	nternet	Rights Comp	pany LLC
	Name of Limited Liability Company			
Dear Sir or Mad	am:			
The enclosed Re	gistered Agent/Registered (Office Ch	ange and fee(s)	are submitted for filing.
Please return all	correspondence concerning	this mat	ter to the follow	ing:
D. Scott Poley Name of Person				
	Name of Ferson			
Minor League Baseball Firm/Company				
	, sompany			
	9550 16th Street North			
	71001000			
	St. Petersburg, FL 33716 City/State and Zip Code		 	
E-mail address:	spoley@MiLB.com (to be used for future annual report	notification)		
For further infor	mation concerning this mat	ter, pleas	e call:	
	. Scott Poley	_ at (727)	456-1714
N	ame of Person		Area Code & 1	Daytime Telephone Number
	COURIER ADDRESS:		MAILING AD	
	on Section		Registration Se	
Clifton B	of Corporations		Division of Cor P.O. Box 6327	porations
	cutive Center Circle		Tallahassee, Flo	orida 32314
	ee, Florida 32301		,	
Enclosed	l is a check for the followi	ng amou	nt:	• • •
☐\$25 F	iling Fee		\$55 Filing Fe	ee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:Baseba	Il Internet Rights Company, LLC		
2. (a) Principal office address of limited liability company	: 9550 16th Street North		
(Note: MUST BE STREET ADDRESS)	St. Petersburg, Florida 33716		
(b) Mailing address of limited liability company:	P.O. Box A		
(Note: MAY BE POST OFFICE BOX)	St. Petersburg, Florida 33731		
4/22/08 3. Date of filing/registration in Florida	L08000040543		
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:		
Registered Agent:	D. Scott Poley		
Registered Office Address:	201 Bayshore Dr SE St. Petersburg, FL 33701		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	D. Scott Poley		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9550 16th Street North		
	St. Petersburg ,FL33716		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization		
Signature of a member or authorized representative of a member			
Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of the pr	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		