

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90073 041 \*\*\*150.00

**DOCUMENT # H88231**

1. Entity Name  
**SPORTSLINE COMMUNICATIONS, INC.**



Principal Place of Business Mailing Address  
% EDWARD J. BERLINER % EDWARD J. BERLINER  
2406 FLAMINGO LANE 2406 FLAMINGO LANE  
FT. LAUDERDALE, FL 33312-4756 FT. LAUDERDALE, FL 33312-4756

40099484



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1209 NO. LEAVITT AVE 1209 NO. LEAVITT AVE**

04252007 Chg-P CR2E034 (12/06)

City & State City & State  
**ORANGE CITY, FLORIDA ORANGE CITY, FLORIDA**

4. FEI Number Applied For  
**65-0189930** Not Applicable

Zip Country Zip Country  
**32763-4346 USA 32763-4346 USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
BERLINER, EDWARD J. Name  
2406 FLAMINGO LANE Street Address (P.O. Box Number is Not Acceptable)  
FORT LAUDERDALE, FL 33312 **1209 NO LEAVITT AVE**  
**ORANGE CITY, FLA 32763-4346**  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00** 9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLINER, EDWARD J.		NAME	BERLINER, EDWARD J.	
STREET ADDRESS	2406 FLAMINGO LANE		STREET ADDRESS	1209 NO. LEAVITT AVE	
CITY - ST - ZIP	FORT LAUDERDALE, FL		CITY - ST - ZIP	ORANGE CITY, FLA. 32763-4346	
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		
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		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward J. Berliner April 30-2007 386-851-0501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #