

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0046775

DOCUMENT # L00000000391

1. Entity Name

SW-INTERACTIVE, L.L.C.

SWIGames LLC



FILED

03 APR 23 AM 10: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

435 CLARK RD.
SUITE 103
JACKSONVILLE FL 32218

Mailing Address

435 CLARK RD.
SUITE 103
JACKSONVILLE FL 32218

2. Principal Place of Business

P.O. Box 9467

3. Mailing Address

P.O. Box 9467

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32209

Country

U.S.

Zip

32209

Country

U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3626365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOZIER, WILENE
435 CLARK RD.
SUITE 103
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

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

2721 Grand St.

City

Jacksonville

FL

Zip Code

32208

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

Wilene Dozier

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

(NOTE: Registered Agent signature required when reinstating)

4/23/03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

200016949732

04/24/03--01022--024 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DOZIER, WILENE C
STREET ADDRESS 101 E. UNION ST. SUITE 303
CITY-ST-ZIP JACKSONVILLE FL 32202

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Wilene Dozier

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

4/23/03 (904) 766-0603

Date

Daytime Phone #

CR2E083 (10/02)