

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90223 013 \*\*\*\*50.00

**DOCUMENT # L00000012054**

1. Entity Name

**GAMEDAY ADVANTAGE MARKETING GROUP, L.L.C.**

Principal Place of Business

8304 PEGWOOD WAY  
TALLAHASSEE FL 32312

Mailing Address

8304 PEGWOOD WAY  
TALLAHASSEE FL 32312

2. Principal Place of Business

Suite, Apt. #, etc.  
**TALLAHASSEE, FLORIDA**

3. Mailing Address

Suite, Apt. #, etc.  
**TALLAHASSEE, FLORIDA**

City & State

City & State

Zip  
**32311**

Country  
**USA**

Zip  
**32311**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3674253**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLS, DARRELL**  
**8304 PEGWOOD WAY**  
**TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **DARRELL WILLS**

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

**1209 LANDINGS LOOP**

City **TALLAHASSEE**

**FL**

Zip Code **32311**

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.

SIGNATURE

**DARRELL WILLS, PRESIDENT**

**5/1/02**

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

(NOTE: Registered agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☒ Delete  
NAME **WILLS, DARRELL**  
STREET ADDRESS **8304 PEGWOOD WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **PRESIDENT / CEO** ☒ Change ☐ Addition  
NAME **DARRELL WILLS**  
STREET ADDRESS **1209 LANDINGS LOOP**  
CITY-ST-ZIP **TALLAHASSEE, FL. 32311**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **ANGELA WILLS**  
STREET ADDRESS **1209 LANDINGS LOOP**  
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

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

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:**

**SIGNATURE REQUIRED**

**5/1/02**

**850-894-5566**

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

Date

Daytime Phone #

CR2E083 (9/01)