

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90044 025 ****50.00

DOCUMENT # L01000015668

1. Entity Name

INTERNATIONAL BASEBALL MANAGEMENT LLC



Principal Place of Business
**6154 TURNBURY PARK DRIVE
#2205
SARASOTA FL 34243**

Mailing Address
**PO BOX 1027
SARASOTA FL 34230-1027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1139636**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERGER, ANGELINA M
1133 FOURTH STREET SUITE 200
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **Patrick O'Quinn**
Street Address (P.O. Box Number is Not Acceptable)
6154 Turnbury Park Drive
Suite 2205
City **Sarasota** FL Zip Code **34243**

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

[Signature]

Patrick O'Quinn Principal

04/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PATRICK O'QUINN INTERNATIONAL BASEBALL MAN**
STREET ADDRESS **1133 FOURTH STREET SUITE 200**
CITY-ST-ZIP **SARASOTA FL 34236**

10. ADDITIONS / CHANGES

TITLE **Principal** ☒ Change ☐ Addition
NAME **Patrick O'Quinn**
STREET ADDRESS **6154 Turnbury Park Drive Suite 2205**
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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]

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

04-28-03

Date

941-586-9922

Daytime Phone #

CR2E083 (10/02)