

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000016065

FILED
Sep 25, 2002
Secretary of State

Entity Name: UPROAR ENTERPRISES, LLC

Current Principal Place of Business:

3600 S.W. 20TH AVE. #5
GAINESVILLE, FL 326074439

New Principal Place of Business:

Current Mailing Address:

3600 S.W. 20TH AVE. #5
GAINESVILLE, FL 326074439

New Mailing Address:

FEI Number: 59-3752115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, TERRENCE N II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: NA, NA NA
Address: NA
City-St-Zip: NA, NA NA

Title: MGR () Change (X) Addition
Name: NA, NA NA
Address: NA
City-St-Zip: NA, NA NA

Title: MGR () Change (X) Addition
Name: NA, NA NA
Address: NA
City-St-Zip: NA, NA NA

Title: MGR () Change (X) Addition
Name: NA, NA NA
Address: NA
City-St-Zip: NA, NA NA

Title: MGR () Change (X) Addition
Name: NA, NA NA
Address: NA
City-St-Zip: NA, NA NA

Title: MGR () Change (X) Addition
Name: NA, NA NA
Address: NA
City-St-Zip: NA, NA NA

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NA

NA

09/25/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date