

# 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