

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0021059

**DOCUMENT # L01000019702**

1. Entity Name

**OUTMATCH, L.L.C.**

03-29-2002 90800 010 \*\*\*\*50.00

**934541**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>5314 S. LOCKWOOD RIDGE ROAD SARASOTA FL 34231 US</b>		Mailing Address <b>5314 S. LOCKWOOD RIDGE ROAD SARASOTA FL 34231 US</b>	
2. Principal Place of Business <b>517 Paul Morris Drive</b> Suite, Apt. #, etc. <b>A-1</b> City & State <b>Englewood, Florida</b> Zip <b>34223-5201</b> Country <b>U.S.</b>		3. Mailing Address <b>517 Paul Morris Drive</b> Suite, Apt. #, etc. <b>A-1</b> City & State <b>Englewood, Florida</b> Zip <b>34223-5201</b> Country <b>U.S.</b>	

4. FEI Number <b>65-1155833</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>OLSON, ANTHONY E 5314 S. LOCKWOOD RIDGE ROAD SARASOTA FL 34231</b>		7. Name and Address of New Registered Agent Name <b>Yelena Ishkov</b> Street Address (P.O. Box Number is Not Acceptable) <b>517 Paul Morris Drive, Suite A-1</b> City <b>Englewood</b> FL Zip Code <b>34223-5201</b>	
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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 *Yelena Ishkov* (NOTE: Registered Agent signature required when reinstating) DATE **3-4-02**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR OUTMATCH, INC. 5314 S. LOCKWOOD RIDGE ROAD SARASOTA FL 34231</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Yelena Ishkov 5500 Bentgrass Dr., Apt. 116 Sarasota, FL 34235</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Sergey Ishkov 5500 Bentgrass Dr., Apt. 116 Sarasota, FL 34235</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Yelena Ishkov*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **3-4-02 (1941)** DAYTIME PHONE # **705-0845**

CR2E083 (9/01)