


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000018995**

1. Entity Name  
 UPROAR, LLC



Principal Place of Business <b>140 LANMAN RD.          NICEVILLE, FL 32579</b>	Mailing Address <b>140 LANMAN RD.          NICEVILLE, FL 32579</b>
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**DO NOT WRITE IN THIS SPACE**



03152004No Chg-LLC      CR2E083 (10/03)

4. FEI Number 54-2066958	Applied For 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

**COLLINS, DEBORAH K  
 140 LANMAN RD.  
 NICEVILLE, FL 32579**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rotating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR COLLINS, DEBORAH 140 LANMAN RD. NICEVILLE, FL 32579</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** Deborah K Collins      **DEBORAH K COLLINS**      3/29/04      852-678-5277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #