

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-07-2003 90608 035 ****50.00

DOCUMENT # L02000019227

1. Entity Name
ACTIVITY GAMES LLC



Principal Place of Business

Mailing Address

**11214 SATELLITE BLVD.
ORLANDO FL 32837**

**11214 SATELLITE BLVD.
ORLANDO FL 32837**

2. Principal Place of Business

3. Mailing Address

51 N. Hoagland Blvd.
Suite, Apt. #, etc.

51 N. Hoagland Blvd.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Kissimmee, Fl.

City & State

Kissimmee, Fl.

4. FEI Number

04-370-6178

Applied For

Not Applicable

Zip

34741

Country

US

Zip

34741

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Teddy Ryan III

Street Address (P.O. Box Number is Not Acceptable)

51 N. Hoagland Blvd.

City

Kissimmee

FL

Zip Code

34741

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 **/Teddy Ryan III**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Teddy Ryan III

04-01-03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **RYAN, TEDDY**
CITY-ST-ZIP **11214 SATELLITE BLVD.
ORLANDO FL 32837**

TITLE ☒ Change ☐ Addition
NAME **Ryan, Teddy**
STREET ADDRESS **51 N. Hoagland Blvd.**
CITY-ST-ZIP **Kissimmee, Fl. 34741**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **SANDERS, GARY**
CITY-ST-ZIP **11214 SATELLITE BLVD.
ORLANDO FL 32837**

TITLE ☒ Change ☐ Addition
NAME **MGRM**
STREET ADDRESS **Sanders, Gary**
CITY-ST-ZIP **51 N. Hoagland Blvd.
Kissimmee, Fl. 34741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: **Teddy Ryan III**

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

Date **04-01-03**

Daytime Phone # **407-343-8081**

CR2E083 (10/02)