2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State
02-16-2004 90161 018 ****50.00

DOCUMENT # L02000032960

1. Entity Name
SPORTS REVENUE & ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
44 SANDPIPER ROAD TAMPA FL 33609	44 SANDPIPER ROAD TAMPA FL 33609

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
44 Sandpiper Rd.	44 Sandpiper Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

4. FEI Number 02-0649623 ☐ Applied For ☐ Not Applicable

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
BURNS, DOUGLAS J 2963 GULF TO BAY BLVD #120 CLEARWATER FL 33759	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO NOLDE, BARY 44 SANDPIPER RD TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BILLY KANATAS 322 GATESBY RIVERSIDE IL 60546	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC CULPEPPER, BRAD 136 W DAVIS BLVD TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GARY DRESDEN 2106 DREW ST CLEARWATER, FL 33765	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOEL Blumberg 2790 BAY BREEZE TR. LARGO, FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SHANE MATTHEWS 3527 SW 92ND ST GAINESVILLE, FL 32608-8675	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Anthony McFarland 12014 MARBLEHEAD DR. TAMPA, FL 33626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BRAD JOHNSON 4417 HEARTLAND CR. TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BOB GRIES 2620 S. PARKVIEW ST TAMPA, FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 2/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #