

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000012673

**FILED**  
**Oct 28, 2004**  
**Secretary of State**

**Entity Name:** TRIVIA CHALLENGE, LLC

**Current Principal Place of Business:**

5347 LAKE ARROWHEAD TRAIL  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

5347 LAKE ARROWHEAD TRAIL  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 02-0693465      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHANDLER, JAMES R III  
1834 MAIN STREET  
SARASOTA, FL 34236      US

**Name and Address of New Registered Agent:**

OLSON, STEPHEN F  
5347 LAKE ARROWHEAD TRAIL  
SARASOTA, FL 34231      US

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: STEPHEN F. OLSON

10/28/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: OLSON, STEPHEN F  
Address: 5347 LAKE ARROWHEAD TRAIL  
City-St-Zip: SARASOTA, FL 34231

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: STEPHEN F. OLSON

MGR

10/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date