

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039027

FILED
Jul 17, 2004
Secretary of State

Entity Name: BASKETBALL SCIENCE, LLC

Current Principal Place of Business:

6865 LANDINGS DR., APT. 207
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

6865 LANDINGS DR., APT. 207
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 13-4268030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILLIAM-ALEXANDER, JASON R
6865 LANDINGS DR., APT. 207
LAUDERHILL, FL 33319

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CONNORS, BRYANT
Address: 6865 LANDINGS DRIVE SUITE 207
City-St-Zip: LAUDERHILL, FL 33319

Title: MGRM () Change (X) Addition
Name: WATTS, DAVE
Address: 6865 LANDINGS DRIVE SUITE 207
City-St-Zip: LAUDERHILL, FL 33319

Title: MGR () Change (X) Addition
Name: GILLIAM-ALEXANDER, JASON R
Address: 6865 LANDIN DRIVE SUITE 207
City-St-Zip: LAUDERHILL, FL 33319

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: JASON GILLIAM-ALEXANDER

MGR

07/17/2004

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