## L0000047003

| (Requestor's Name)                      |  |  |
|---|--|--|
|   |  |  |
| (Address)                               |  |  |
|   |  |  |
| (Address)                               |  |  |
|   |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| · · · · · · · · · · · · · · · · · · ·   |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
|   |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
| L. SELLERS                              |  |  |
| MAY 1.4 2010                            |  |  |
|   |  |  |
| EXAMINER                                |  |  |
|   |  |  |
|   |  |  |

Office Use Only



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SECRETARY OF STATE ALLAHASSEE FIORINA

## **COVER LETTER**

| Division of Corporations  |  |  |
|---|--|--|
| •   |  |  |
| SUBJECT: SUPERSPORT   | MEDIA LLO  |  |
| SUBJECT: SUPERSPORT MEDIA LLC  Name of Limited Liability Company                            |  |  |
| Dear Sir or Madam:  |  |  |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |  |  |
| Please return all correspondence concerning this matter to the following:                   |  |  |
| KEYVAN HEYDARI<br>Name of Person  |  |  |
| SUPER SPORT Firm/Company  |  |  |
| Firm/Company  | and the state of t |  |
| 7460 5W 70 Te   | R  |  |
| Address   |  |  |
| Minni FL 33   | 143  |  |
| City/State and Zip Code   | <del>andersolve de 18-11-paggapa.</del>  |  |
| CARMENCITAV @ AOL . C   | io m   |  |
| E-mail address: (to be used for future annual report notification)                          |  |  |
| For further information concerning this matter, please call:                                |  |  |
| 1 Hey dere; at  | 305) 776 2100  |  |
| Name of Person  | Area Code & Daytime Telephone Number   |  |
| STREET/COURIER ADDRESS:   | MAILING ADDRESS:   |  |
| Registration Section  | Registration Section   |  |
| Division of Corporations  | Division of Corporations   |  |
| Clifton Building  | P.O. Box 6327  |  |
| 2661 Executive Center Circle  | Tallahassee, Florida 32314   |  |
| Tallahassee, Florida 32301  |  |  |
| Enclosed is a check for the following amount:   |  |  |
| \$25 Filing Fee   | \$55 Filing Fee & Certified Copy   |  |
| NHS18 (5/08)  |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sections 608.416 or 608.500 liability company submits the following statement in order agent, or both, in the State of Florida.   | 8, Florida Statutes, the undersigned limited to change its registered office or registered   |
|---|--|
| 1. Name of the limited liability company:   | ERSPORT YEDIA LLC  |
| 1. Name of the limited liability company:  2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | 7460 SW 70 Ter   |
| (Note: MUST BE STREET ADDRESS)  | MiAni FL 33143   |
| (b) Mailing address of limited liability company:   |  |
| (Note: MAY BE POST OFFICE BOX)  | 7460 SW 70 TER<br>MINNI FC 33143   |
| -/ /  | L 060000 47023   |
| 3. Date of filing/registration in Florida 4   | . Document number  |
| 5. (a) Registered Agent and Registered Office shown on the  | e records of the Florida Dept. of State:   |
| Registered Agent:   | VAZQUEZ, CARMEN  |
| Registered Office Address:  | VAZQUEZ, CARMEN<br>7460 SW 70 TER  |
|   | Miami FL 33143   |
| (b) Enter name of NEW Registered Agent and/or NEW   |  |
| NEW Registered Agent:   | KEYVAN HEYDARI   |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | KEYVAN HEYDARI' 7460 SW 10 TER MIRMI FL 33143  |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork or the operating agreement of the limited liability company.  Signature of amember or authorized representative of a member    Signature of amember or authorized representative of a member   Signature of the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the provisions. | was of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization |
| and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company Signature of Registered Agent   | ition as registered agent as provided for in<br>ely reflect a change in the registered office<br>has been notified in writing of this change.  |
| Division of Corporations, P.O. Box 632  | 7, Tallahassee, FL 32314   |

FILING FEE: \$25.00