

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000020325

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**Entity Name:** ICON SPORTS MARKETING LLC

**Current Principal Place of Business:**

636 EAST LAKE CLUB DRIVE  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

7627 BOUGENVILLE DRIVE  
PORT RICHEY, FL 34668 US

**Current Mailing Address:**

8010 CHICKASAW LANE  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

7627 BOUGENVILLE DRIVE  
PORT RICHEY, FL 34668 US

**FEI Number:** 20-8518411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAHONEY, ERIK E  
8010 CHICKASAW LANE  
PORT RICHEY, FL 34668 US

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

MONTELEONE, MATTHEW G  
7627 BOUGENVILLE DRIVE  
PORT RICHEY, FL 34668 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: MATTHEW G. MONTELEONE

01/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MONTELEONE, MATTHEW G  
Address: 7627 BOUGENVILLE DR  
City-St-Zip: PORT RICHEY, FL 34668 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MONTELEONE, MATTHEW G  
Address: 7627 BOUGENVILLE DR  
City-St-Zip: PORT RICHEY, FL 34668 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MATTHEW G. MONTELEONE

MGRM

01/12/2009

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