

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000018302

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** COLLEGIATE ENDEAVORS, LLC

**Current Principal Place of Business:**

13176 N. DALE MABRY, #154  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 931750  
LOS ANGELES, CA 90093 US

**New Mailing Address:**

**FEI Number:** 27-1930642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY  
SUITE 110  
TAMPA, FL 33618 US

**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/MANAGERS:**

**Title:** MGRM  
**Name:** WATTERS, JASON  
**Address:** P.O. BOX 931750  
**City-St-Zip:** LOS ANGELES, CA 90093 US

**Title:** MGRM  
**Name:** WATTERS, CATHY  
**Address:** P.O. BOX 931750  
**City-St-Zip:** LOS ANGELES, CA 90093 US

I hereby 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 WATTERS

CEO

04/01/2011

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