

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris	
1999		Secretary of State	
		DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee	
		Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000049	
SPORTSLINK CONSULTING, L.C. 545 DELANEY AVE. BLDG. #4 ORLANDO FL 32801		1a. Principal Place of Business Address 545 DELANEY AVE. BLDG. #4 ORLANDO FL 32801	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
		3. Date Organized or Qualified 01/09/1997	
		3a. State of Formation FL	
		4. FEI Number 59-3423584	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report 04/13/1998	
		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
MOORMAN, DAVID J 517 N. SUMMERLIN AVE. ORLANDO FL 32803		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 300002868629-4 -05/07/98 De 01158-011 FL 188.75 ***188.75	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not changing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MOORMAN, DAVID J	517 N. SUMMERLIN AVE.	ORLANDO FL
MEM	LIMBAUGH, JAMES T JR	8952 SAVANNAH PARK	ORLANDO FL
MEM	POLLEY, PAUL B	105 ROWAYTON AVE	ROWAYTON CT
MEM	CELLANEN, PHILIP	105 ROWAYTON AVE	ROWAYTON CT
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		4/25/99 407 843 7979	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	