2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

04-19-2007 90027 048 ****50.00

DOCUMENT # L97000000049

1. Entity Name

SPORTSLINK CONSULTING, L.C.

Principal Place of Business	Mailing Address
~~545 DELANEY AVE. BLDG. #4 ORLANDO FL 32801~~	~~545 DELANEY AVE. BLDG. #4 ORLANDO FL 32801~~

30006984

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
514 Broadway Ave	PO Box 536278
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32803 Country: USA	Zip: 32853 Country: USA

4. FEI Number: 59-3423584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORMAN, DAVID J	Name
~~514 BROADWAY~~ 9444 Thurloe Place	Street Address (P.O. Box Number is Not Acceptable)
~~ORLANDO FL 32803~~ Orlando, FL 32827	City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM President MOORMAN, DAVID J ~~514 BROADWAY~~ 9444 Thurloe Place ~~ORLANDO FL 32803~~ Orlando FL 32827 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ Member LIMBAUGH, JAMES T JR, CEO 6012 LEXINGTON PARK ORLANDO FL 32819 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: [signature] David J. Moorman 4/9/07 407-843-7979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #