


2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
**FINAL NOTICE: will be dissolved.**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1 Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000001365**

**SPORTS TACTICS L.C.  
P.O. BOX 1817  
WINDERMERE FL 34786**

1a. Principal Place of Business Address

**5002 AUTUMN RIDGE COURT  
WINDERMERE FL 34786**

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/06/1998	FL
City & State		City & State		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired SR 75 Additional Fee Required <input type="checkbox"/>

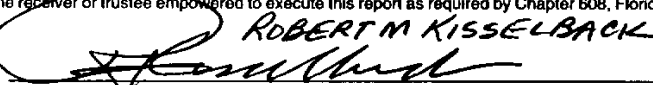
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
<b>HUMPHRIES, J. GREGORY 20 NORTH ORANGE AVE., SUITE 1000 ORLANDO FL 32801</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		<b>FL</b>	

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 \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KISSELBACK, ROBERT M	5002 AUTUMN RIDGE COURT	WINDERMERE FL

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:**  **ROBERT M KISSELBACK**  
Date: 8/12/99 Daytime Phone #: 407 491 8860