

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90008 003 ****50.00

DOCUMENT # L98000001365
1. Entity Name
SPORTS TACTICS L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9661 DEER VALLEY DR
Suite, Apt. #, etc.

3. Mailing Address
C/O 9661 DEER VALLEY DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

Zip
32312

Country
LEON

Zip
32312

Country
LEON

4. FEI Number
593531435

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
HUMPHRIES, J. GREGORY

Street Address (P.O. Box Number is Not Acceptable)
300 S. ORANGE AVE

SUITE 1000

City
ORLANDO FL Zip Code
32807

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE <u>MGRM</u>	TITLE <u>ROBERT M KISSELBACK</u>
NAME <u>ROBERT M KISSELBACK</u>	NAME <u>ROBERT M KISSELBACK</u>
STREET ADDRESS <u>9661 DEER VALLEY DR</u>	STREET ADDRESS <u>9661 DEER VALLEY DR</u>
CITY-ST-ZIP <u>TALLAHASSEE FL 32312</u>	CITY-ST-ZIP <u>TALLAHASSEE FL 32312</u>
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I 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 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] 4/28/04 8502516327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)