


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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90574 014 \*\*\*\*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  
410 9661 DEER VALLEY DR  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TALLAHASSEE FL

City & State  
TALLAHASSEE FL

4. FEI Number

Applied For  
Not Applicable

Zip  
32312

Country  
LEON

Zip  
32312

Country  
LEON

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  
32802

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.

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

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>M&amp;RM KISSELBACK, ROBERT M 9661 DEER VALLEY DR</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TALLAHASSEE, FL 32312</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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] 4/30/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)