


**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 # <u>L98000001365</u>	
1. Entity Name <u>SPORTS TACTICS L.C.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>9661 DEER VALLEY DR</u> Suite, Apt. #, etc.	3. Mailing Address <u>C/O 9661 DEER VALLEY DR</u> Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State <u>TALLAHASSEE FL</u>	City & State <u>TALLAHASSEE FL</u>
Zip <u>32312</u>	Zip <u>32312</u>
Country <u>LEON</u>	Country <u>LEON</u>

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
----------------------	---

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
--

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <u>Humphries, J. Gregory</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>300 S. ORANGE AVE</u>	
Suite <u>SUITE 1000</u>	
City <u>ORLANDO</u>	FL Zip Code <u>32802</u>

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

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/03
Date Daytime Phone #

CR2E083B (12/02)