

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000004067**

1. Entity Name  
**BATTLE DESIGN, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:39

Principal Place of Business 705 S.E. 24TH STREET FT. LAUDERDALE FL 33316	Mailing Address 705 S.E. 24TH STREET FT. LAUDERDALE FL 33316-3921
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0935287**      Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

**MJH**

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

**BLODIG, GREGORY J ESQ.  
C/O GREENSPOON, MARDER, HIRSCHFELD, RAFKIN  
100 WEST CYPRESS CREEK ROAD, SUITE 700  
FT. LAUDERDALE FL 33309**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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.

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGR MURRAY, WILLIAM**  
STREET ADDRESS **705 S.E. 24TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE NAME  Change  Addition  
**200003102422--5**  
STREET ADDRESS **-01/19/00--01040--013**  
CITY-ST-ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
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TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/6/00  
Date

954-527-5505  
Daytime Phone #

CR2E083 (9/99)