

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000009392

1. Entity Name

LIFIZZ SPORTS, LLC

00 MAY 15 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
c/o Daryl Cramer & Associates, P.A. c/o Daryl Cramer & Associates, P.A.  
515 N. Flagler Drive #910 515 N. Flagler Drive  
West Palm Beach, FL 33401 #910 West Palm Beach, FL 33401

2. Principal Place of Business c/o Lifizz, Inc.  
3230 Commerce Place  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
West Palm Beach, FL

Zip Country  
33407 USA

City & State

Zip Country  
USA

4. FEI Number  
65-0985752

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

Daryl Cramer & Associates, P.A.  
515 N. Flagler Drive  
#910  
West Palm Beach, Florida 33401

## 7. Name and Address of New Registered Agent

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

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

(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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 10. ADDITIONS/CHANGES

TITLE	P/MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, CHRISTER	
STREET ADDRESS	3230 COMMERCE PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	V/MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, JOHN A.	
STREET ADDRESS	3230 COMMERCE PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	S/MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARNEVIK, JESPER	
STREET ADDRESS	3230 COMMERCE PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLEWORTH, DENNIS K.	
STREET ADDRESS	3230 COMMERCE PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

(561) 687-5270

Daytime Phone #

CR2E083 (11/99)