

J01 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0014709 AF

DOCUMENT # M00000000572

1. Entity Name
SCOREGATE, L.L.C.

01 APR 27 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1200 N. FEDERAL HIGHWAY, SUITE 401
BOCA RATON FL 33432

Mailing Address
1200 N. FEDERAL HIGHWAY, SUITE 401
BOCA RATON FL 33432



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
650993005

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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

400004213104--1
-05/11/01--01134--011
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Member
Waterford Multimedia Communications, L.L.C.
1200 N. Federal Highway, Ste 401
Boca Raton, FL 33432

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

Member
Waterford Multimedia Communications Corp.
1200 N. Federal Highway, Ste 401
Boca Raton, FL 33432

☐ Change ☒ Addition

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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]* SIGNATURE REQUIRED

428-01

561-447-8933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)