

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90207 027 ****50.00

DOCUMENT # M00000002276

1. Entity Name
SPORTSIO LLC

Principal Place of Business
1401 BRICKELL AVE., STE. 610
MIAMI FL 33131

Mailing Address
1401 BRICKELL AVE., STE. 610
MIAMI FL 33131

2. Principal Place of Business
1401 Brickell Ave.

3. Mailing Address
1401 Brickell Ave

Suite, Apt. #, etc.
Suite 610

Suite, Apt. #, etc.
Suite 610

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
US

Zip
33131

Country

4. FEI Number
06-1597970

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRC CORBRIDGE, MARK 13 ALBEMARIE STREET LONDON W1X8HA ENGLAND | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRP MEADOWS, NEIL 1401 BRICKELL AVE., STE. 610 MIAMI FL 33131 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KIRYLUK, CAROL 1401 BRICKELL AVE., STE. 610 MIAMI FL 33131 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPAS KIRYLUK, CAROL 1401 BRICKELL AVE., STE. 610 MIAMI FL 33131 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JIMINEZ, RAFAEL 1401 BRICKELL AVE., STE. 610 MIAMI FL 33131 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CS JIMINEZ, RAFAEL 1401 BRICKELL AVE., STE. 610 MIAMI FL 33131 | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

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

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 REQUIRED**

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

3/28/02

305 603 1103

Date

Daytime Phone #

CR2E083 (9/01)

0006813