## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

DAYTONA BEACH FL 32114

1801 WEST INTERNATIONAL SPEEDWAY BLVD.

## **DOCUMENT # M0000002609**

1. Entity Name

ISC.COM, LLC

Principal Place of Business

DAYTONA BEACH FL 32114

1801 WEST INTERNATIONAL SPEEDWAY BLVD.



**FILED** Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90062 031 \*\*\*\*50.00

		***************************************						
						<b>a</b> id 71618		
2. Principal Place of Business 3 Suite, Apt. #, etc. City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State						
					CHECK HERE IF MAKING CHANGES			
				4. FEI Numbe	- 59-3685866	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$5.00 Additional Fee Required		
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent				
PADGETT, GLENN R				Name				
1801 WEST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
DAT	TUNA DEAUTI EL 32114			"				
			City	•	F	Zip Code		
	named entity submits this statement for thions of registered agent.	e purpose of changing its re	egistered office or reg	gistered agent, or bot	h, in the State of Florida: I an	n familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signature re	equired when reinstating)	DATE			
		FILE NOV	W!!! FEE IS \$50.					
			By May 1, 2003					
9.	MANAGING MEMBERS	MEMBERS/MANAGERS 10.			ADDITIONS/CHANGES			
TITLE	MGRM	☐ Oelete	TITLE			☐ Change ☐ Addition		
NAME	PHOENIX SPEEDWAY CORP.		NAME					
STREET ADDRESS	455 NORTH THIRD ST. SUITE 340		STREET ADDRESS					

9.	MANAGING MEMBERS/MANAGERS	10.	D. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHOENIX SPEEDWAY CORP. 455 NORTH THIRD ST. SUITE 340 PHOENIX AZ 85004-3940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ 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.

REGION REPARENT, Secretary MANAGER, OR AUTHORIZED REPRESENTATIVE

1/27/2003

386-947-6446

Daytime Phone #