

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000227

1. Entity Name
PROFESSIONAL SPORTS SERVICES DELAWARE, L.C.

Principal Place of Business
10201 WEST PICO BLVD.
LOS ANGELES CA 90035

Mailing Address
ATTN: TAX DEPT.
PO BOX 900
BEVERLY HILLS CA 90213-0900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-4609405

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME FOX/LIBERTY NETWORKS, LLC
STREET ADDRESS 10201 WEST PICO BLVD.
CITY- ST- ZIP LOS ANGELES CA 90035

TITLE ☐ Change ☐ Addition
NAME 000003259520--9
STREET ADDRESS -05/19/00--01085--019
CITY- ST- ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME FOX REGIONAL SPORTS MEMBER, INC.
STREET ADDRESS 1300 MARKET STREET, #404
CITY- ST- ZIP WILMINGTON DE 19805

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

TITLE MGR ☐ Delete
NAME LIBERTY SPORTS MEMBER, INC.
STREET ADDRESS 8101 E. PRENTICE AVENUE, #500
CITY- ST- ZIP ENGLEWOOD CO 80111

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ 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: *Raymond L. Parish* *Raymond L. Parish* 42400 (310) 369-1557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)