

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90031 036 \*\*\*\*50.00

**DOCUMENT # M98000000922**

1. Entity Name

**SPORTS TREND INFO, LLC**



Principal Place of Business

**C/O MICHAEL FINE  
2090 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33409**

Mailing Address

**C/O MICHAEL FINE  
2090 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**800**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2320153**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FINE, MICHAEL  
2090 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33409**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Fine*  
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. ~~MANAGING MEMBERS / MANAGERS~~

10. ~~ADDITIONS / CHANGES~~

TITLE **MGR**  
NAME **FINE, MICHAEL**  
STREET ADDRESS **2090 PALM BEACH LAKES BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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☐ 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.

SIGNATURE:

*Michael Fine*  
**SIGNATURE REQUIRED**

**4/15/03 561 615-0240**

CR2E083 (10/02)