

# Athlete Agent Registration Form

Please Type or Print Clearly in Ink

Make Payment Payable to SECRETARY OF STATE

FILE DATE	01/09/25
RECEIPT NO	002574450
<b>RECEIVED</b>	
JAN 09 2025	

SD Secretary of State

Please check the applicable filing status.

- Initial Application **\$100** Fee
- Application based on certification in another state per §59-10-5(b): **\$50** Fee
- Application for Renewal **\$25** Fee

1. Name: CHRISTOPHER S. ROBY  
(928) 273-4554 athleteassetprotection@gmail.com  
Daytime Phone Email Address

2. The address for the applicant's principal place of business:  
253 N. WILSON DR. CHANDLER AZ 85225  
Street Address City State ZIP  
Mailing Address (Optional) City State ZIP

3. The name of the applicant's business or employer: ATHLETE ASSET PROTECTION

4. List any business or occupation engaged in by the applicant for the five years next preceding the date of the application:  
SEE ATTACHED NORTH DAKOTA APP & CERT

5. Provide a brief description of your training as an athlete agent:  
\_\_\_\_\_  
\_\_\_\_\_

6. Provide a brief description of your practical experience as an athlete agent:  
\_\_\_\_\_  
\_\_\_\_\_

7. Provide a brief description of your educational background related to being an athlete agent:  
\_\_\_\_\_  
\_\_\_\_\_

8. Provide names and addresses of three references not related to the applicant:

Name	Address	City	State	ZIP

9. For whom have you served as an athlete agent in the past 5 (five) years:

Name	Sport	Last Known Team

10. If the applicant's business is not a corporation, list the names and addresses of the partners, members, officers, managers, or profit-sharers of the business:

Name	Address	City	State	ZIP

11. If the business employing the applicant is a corporation, list the names and addresses of the officers, directors, and any shareholder of the corporation having a five percent interest or greater.

Name	Address	City	State	ZIP

12. Have you or anyone listed in questions 10 or 11 been convicted of a crime, that in South Dakota, would be considered a crime of moral turpitude or a felony?  Yes  No

If yes please identify the crime: \_\_\_\_\_

13. Have you or anyone listed in questions 10 or 11 been administratively or judicially determined to have made false, misleading, deceptive or fraudulent representations?  Yes  No

14. Has your conduct or that of anyone listed in questions 10 or 11 resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution?  Yes  No

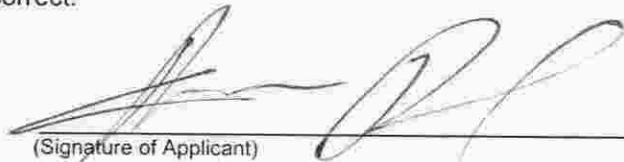
15. Have you or anyone listed in questions 10 or 11 had any sanction, suspension or disciplinary action taken against you / them because of occupational or professional conduct?  Yes  No

16. Have you or anyone listed in questions 10 or 11 ever been denied an application for, suspension or revocation of, or refusal to renew the athlete agents registration of licensure?  Yes  No

Attach additional pages as needed when there is insufficient room to fully complete a question.

I declare under penalty of perjury, under the laws of the State of South Dakota, that all statements contained in this application and any accompanying documents are true and correct.

Dated 1-3-2025

  
(Signature of Applicant)  
CHRISTOPHER ROBY  
(Printed Name)

# *State of North Dakota*

## SECRETARY OF STATE



### CERTIFICATE OF ATHLETIC AGENT OF

CHRISTOPHER S ROBY

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that CHRISTOPHER S ROBY, filed as an athletic agent on November 22, 2024. The certificate of registration is valid for two years.

CHRISTOPHER S ROBY

Issued: November 22, 2024

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe  
Secretary of State



**ATHLETE AGENT REGISTRATION/  
RENEWAL APPLICATION**

SECRETARY OF STATE  
SFN 60891 (08-2017)

For Office Use Only

ID Number:	
WO Number:	
Filed:	By:
Secretary of State State of North Dakota 600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500 Telephone: (701) 328-3663 Toll-Free: (800) 352-0867, ext. 328-3663 Fax: (701) 328-1690 Email: <a href="mailto:sosadlic@nd.gov">sosadlic@nd.gov</a> Website: <a href="http://sos.nd.gov">sos.nd.gov</a>	

Registration as an athlete agent is valid for two years. N.D.C.C. Chapter 9-15.2.

Applicants already registered as an athlete agent in another state may apply for registration in North Dakota by complying with the requirements of N.D.C.C. § 9-15.2-04(2).

TYPE OR PRINT LEGIBLY

For reference, see North Dakota Century Code Chapter 9-15.2.

1. Fee: (check one - fees are nonrefundable) <input checked="" type="checkbox"/> \$250.00 - Initial registration <input type="checkbox"/> \$150.00 - Renewal				
2. Last name Roby		First name Christopher		Middle name S
3A. Birthdate August 5, 1982		3B. Birth place Berlin, Vermont		
4. Home address 253 N Wilson Dr		City Chandler	State AZ	ZIP code 85225
5. Principal place of business address 253 N Wilson Dr		City Chandler	State AZ	ZIP code 85225
6. Work telephone number (928) 273-4554		7. Mobile telephone number (928) 273-4554		8. Fax number
9. Email address <a href="mailto:athleteassetprotection@gmail.com">athleteassetprotection@gmail.com</a>		10. Personal website (if applicable) <a href="http://www.linkedin.com/in/christopher-roby-492887b">www.linkedin.com/in/christopher-roby-492887b</a>		
11. Business or employer website (if applicable) <a href="http://www.athleteprotection.org">www.athleteprotection.org</a>				
12. Provide the name, mailing address, nature of business, organization form, and telephone number of each of your businesses or employers (attach additional sheet, if necessary)				
MAILING ADDRESS				
NAME	(street, PO box, city, state, ZIP)	NATURE OF BUSINESS	ORGANIZATION FORM	TELEPHONE NUMBER
Athlete Asset Protection	253 N Wilson Dr Chandler, AZ 85225	NIL Representation / NIL Management	PLLC	(928) 273-4554
Crown Castle International	2055 S Stearman Dr Chandler, AZ 85286	REIT, Telecommunications	Inc	(602) 598-7249
13. Social media accounts with which you, or your business or employer, are affiliated Instagram: <a href="https://www.instagram.com/athlete_asset_protection">@athlete_asset_protection</a> LinkedIn: <a href="http://www.linkedin.com/in/christopher-roby-492887b">www.linkedin.com/in/christopher-roby-492887b</a>				
14. Provide the name of each business or occupation in which you engaged within five (5) years before the date of this application, including self-employment and employment by others, and any professional or occupational license, registration, or certificate held by you during that time (attach additional sheet, if necessary)				
NAME OF BUSINESS OR OCCUPATION			LICENSE, REGISTRATION, OR CERTIFICATE	
Athlete Asset Protection			PLLC	
Crown Castle International			none	
15. Provide a detailed description of your formal training, practical experience, and educational background relating to your activities as an athlete agent (attach an additional sheet, if necessary) I obtained my Juris Doctorate in 2014 and have worked in a negotiation capacity since that time at Crown Castle since 2018. I also review / draft / advise contracts for real estate deals at Crown Castle since 2018.				

16. List the name, sport, and last-known team for each student-athlete for whom you have acted as an athlete agent during the five (5) years preceding the date of this application. If the athlete is a minor, provide the name of the parent or guardian, sport, and last-known team.

NAME OF ATHLETE	SPORT	PROFESSIONAL SPORTS TEAM
Kanyon Floyd	Football	ASU
Cole Marszalek	Football	ASU

17. If **employed as an athlete agent by a corporation**, provide the names and addresses of the officers and directors of the corporation, and any shareholders of the corporation having an interest of five percent (5%) or greater. If your business as an athlete agent is not a corporation, provide the names and addresses of all partners, members, officers, managers, associates, or profit sharers of the business, and any person who directly or indirectly holds an equity interest of five percent (5%) or greater. (Attach additional sheet, if necessary.)

NAME	ADDRESS (street, PO box, city, state, ZIP)
Christopher Roby	253 N Wilson Dr, Chandler, AZ 85225
Chad Bennett	8626 E Sells Dr, Scottsdale, AZ 85261

18. Provide a description of the status of any application by you, or any person named in #17, for a state or federal business, professional, or occupational license, other than as an athlete agent, from a state or federal agency, including any denial, refusal to renew, suspension, withdrawal, or termination of the license and any reprimand or censure related to the license.

None

19. Answer the following questions. If the answer to any questions is "yes," provide details on a separate sheet and attach it to this form.

YES NO

- Have you, or any person named in question #17, ever pleaded guilty or no contest to, been convicted of, or have charges pending for, a crime that would involve moral turpitude or be a felony if committed in this state? If yes, identify the crime, the law enforcement agency involved, and, if applicable, the date of the conviction and the fine or penalty imposed.
- Have you, or any person named in question #17, been a defendant or respondent in a civil proceeding, including a proceeding seeking an adjudication of legal incompetence, within 15 years before the date of this application? If yes, provide the date and a full explanation of each proceeding.
- Do you, or any person named in question #17, have an unsatisfied judgment or a judgment of continuing effect, including spousal support or a domestic order in the nature of child support, which is not current as of the date of this application?
- Were you, or any person named in question #17, adjudicated bankrupt or an owner of a business that was adjudicated bankrupt, within 10 years before the date of this application?
- Has there ever been an administrative or judicial determination that you, or any person named in question #17, made a false, misleading, deceptive, or fraudulent representation?
- Has your conduct, or that of any person named in question #17, ever resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic, intercollegiate, or professional athletic event on a student-athlete or a sanction on an educational institution?
- Has there ever been a sanction, suspension, or disciplinary action taken against you, or any person named in question #17, arising out of occupational or professional conduct?
- Has there ever been a denial of an application for, suspension or revocation of, refusal to renew, or abandonment of, the registration of yourself, or any person named in question #17, as an athlete agent in any state?

20. List each state in which you are currently registered as an athlete agent or in which you have applied to be registered as an athlete agent  
 Arizona, North Dakota, Nevada

21. If you are currently certified or registered by a professional league or players association, provide the name of the league or association; the date of certification or registration, and the date of expiration of the certification or registration, if any; and if applicable, the date of any denial of an application for, suspension or revocation of, refusal to renew, withdrawal of, or termination of, the certification or registration or any reprimand or censure related to the certification or registration.

None

In submitting this application for registration as an athlete agent in the state of North Dakota, I do hereby swear or affirm that I have reviewed the information contained herein and on any attachments hereto, and that such information is correct and true to the best of my knowledge. I understand that providing false information in this application constitutes cause for denial of my application and could subject me to criminal prosecution for perjury. I acknowledge that I have a duty and I agree to update and correct this information as it changes. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my registration revoked and that I may be subject to prosecution in the state of North Dakota.

22. Signature

Date  
 November 15, 2024

Represented Players

<u>Player</u>	<u>Sport</u>	<u>Team</u>
Kanyon Floyd	Football	ASU
Cole Marszalek	Football	ASU
Joshua Atkins	Football	ASU
Noah Fagan	Baseball	University of Mary (Commit)
Brayden Bennett	Baseball	ACU (Commit)
Justice Spann	Football	ASU
James Giggey	Football	ASU
Prayer Young-Blackgoat	Football	ASU
Noble Young-Blackgoat	Football	NAU (Commit)
Connor Cameron	Football	ASU
Luis Cordova	Football	ASU
Salesi Manu	Football	ASU
Jason Samis	Football	Drake University (Commit)
Deacon Shae	Football	Black Hills State University

To: Whom It May Concern

RE: Criminal History Question on Application

From: Chad Bennett

In 2001 I was involved in an altercation that ultimately led to a burglary charge in San Bernardino County. This was an unfortunate moment in time that does not, and has not, represented who I am, and what I have accomplished since that night. This charge was set aside on, or around, March 2012 by a Superior Court judge. I have no further, similar, history. I have since obtained multiple business and professional licenses, as well as a Level 1 AZ DPS Fingerprint Card (Card Number: 2024K15922 / IVPP530128).

Thank You,

A handwritten signature in black ink, appearing to read 'Chad Bennett', with a long horizontal flourish extending to the right.

Chad Bennett



**SOUTH DAKOTA  
DEPT. OF LABOR  
& REGULATION**

**RECEIVED**

JAN 16 2025

SD Secretary of State

Filed this 16<sup>th</sup> day of

January 2025

*Monae L. Johnson*

**SECRETARY OF STATE**

January 15, 2025

Christopher S. Roby  
Athlete Asset Protection  
253 N. Wilson Dr.  
Chandler AZ 85225

Attached is your South Dakota Athlete Agent certificate.

This certificate may not be transferred or used by any other person or business entity other than the person or business entity to whom the certificate was issued.

Services are subject to sales tax in South Dakota. If you are providing your service in South Dakota, you need to apply for a SD Sales Tax license. Please visit the South Dakota Department of Revenue website at [dor.sd.gov](http://dor.sd.gov).

State of South Dakota  
Department of Labor and Regulation

Christopher S. Roby  
Athlete Asset Protection  
253 N. Wilson Dr.  
Chandler AZ-85225

Has been registered by the SD Department of Labor and Regulation as an

**ATHLETE AGENT**

Effective: 01/15/2025

EXPIRATION: 01/14/2027

*M. Hultman*

Marcia Hultman,  
Secretary of Labor & Regulation

This certificate is non-transferable to any other person or entity other than to whom the certificate was issued.