2002 UNIFORM BUSINESS REPORT (UBR)

Mar 18, 2002 8:00 am **DOCUMENT # 717570 Secretary of State** 1. Entity Name 02-05-2002 90102 034 ****61.25 LARGO HIGH BAND BOOSTERS, INC. Principal Place of Business Mailing Address 410 MISSOURI AVÉ P.O. ROX 1738 LARGO FL 33770 LARGO FL 33779 -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. -Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7299702 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WHITNEY, MICHAELINE~ 2052 59TH WAY NO. **CLEARWATER FL 33760** ٠.,٠ 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 SIGNATU red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. President (9/01) TITLE Change TITLE Delete Linda Jobe WHITNEY, MICHAELINE NAME NAME 7690 Gibralter Court No. CR2E037 STREET ADDRESS STREET ADDRESS 2052 59TH WAY NO. CITY-ST-ZIP CITY-ST-ZIF CLEARWATER FL 33760 VPN ☐ Addition TITLE Delete TITLE BUEHLER, SUE NAME NAME STREET ADDRESS 1431 SUNNY PARK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** 2VP and vice Pres-Change Addition TITLE TITLE Virginia Copodoni CUSHING, LU NAME NAME STREET ADDRESS 2069 ASHBURY DR.-STREET ADDRESS 99 noian CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 ☐ Addition TITLE ☐ Change TITLE Delete CARDONE, DEBBIE NAME NAME STREET ADDRESS 4053 HARBOR HILLS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 pering Drive 100. Secretary TITLE TITLE Delete BAKEWELL, DEBBIE NAME NAME STREET ADDRESS 12594-92 WAY NO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33773** Delete TITLE Change ☐ Addition TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURÉ:

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Daytime Phone #