2003 NOT-FOR-PROFIT CORPORATION

May 01, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 717570** 05-01-2003 90166 013 ****61.25 LARGO HIGH BAND BOOSTERS, INC. Principal Place of Business Mailing Address 410 MISSOURI AVE P.O. BOX 1738 LARGO FL 33770 **LARGO FL 33779** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 23-7299702 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ----JOBE, LINDA Street Address (P.O. Box Number is Not Acceptable) 7690 GIBRALTER CT NO SAINT PETERSBURG FL 33709 Zip Code 8. The above pamed 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 obligations of registered agent. SIGNA egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE JOBE, LINDA NAME NAME STREET ADDRESS 7690 BIBRATLER CT NO STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33709 CITY-ST-ZIP TITLE Delete TITLE BUEHLER, SUE NAME NAME 1431 SUNNY PARK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 TITLE TITLE Change Delete -÷ Poritz COPODONNA, VIRGINIA NAME NAME Shawn Seminole Blvd #87 STREET ADDRESS 2399 NOLAN DRIVE SO #A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33770** TITLE Delete TITLE ☐ Addition NAME CARDONE, DEBBIE NAME STREET ADDRESS 4053 HARBOR HILLS DR. STREET ADDRE CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 SD Change TITLE Delete TITLE ☐ Addition Virginia Copodonna # 1 SEERY, LORI NAME NAME STREET ADDRESS 3219 WHISPERING DRIVE NO STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 without address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE!

STREET ADDRESS

CITY-ST-7IP

FILED