FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90071 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K39638 ✓

1. Entity Name
Linda Larsen Communications, Inc.

DO NOT WRITE IN THIS SPACE

2.	3. Mailing Address
3424 Tanglewood Dr.	3424 Tanglewood Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Fl	City & State: Sarasota, Fl
Zip: 34239 Country: USA	Zip: 34239 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0079959 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Linda Larsen

Street Address (P.O. Box Number is Not Acceptable): 3424 Tanglewood Dr.

City: Sarasota **FL** Zip Code: 34239

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President, Managing Director	TITLE	
NAME	Linda Larsen	NAME	
STREET ADDRESS	3424 Tanglewood Dr.	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34239	CITY-ST-ZIP	
TITLE	Vice-President	TITLE	
NAME	John Scalzi	NAME	
STREET ADDRESS	3424 Tanglewood Dr	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34239	CITY-ST-ZIP	
TITLE	Director, Treasurer	TITLE	
NAME	miles Larsen	NAME	
STREET ADDRESS	4535 So. Lockwood Ridge Rd	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34231	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/02 941-927-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)