

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Feb 26, 2000 8:00 am  
Secretary of State  
02-26-2000 90048 043 \*\*\*150.00

DOCUMENT # 618337  
1. Entity Name  
LE ANN ADVERTISING AGENCY, INC.

Principal Place of Business      Mailing Address  
CASSAT AVE.      619 CASSAT AVE.  
JACKSONVILLE FL 32205      JACKSONVILLE FL 32205-4716

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      59-1952422      Applied For  
Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ISAAC, FRED C  
1903 INDEPENDENT SQUARE  
ONE INDEPENDENT DRIVE  
JACKSONVILLE FL

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.      FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 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      P      ANNETTE M. HEMINGWAY      1980 GREENWOOD AVE      JACKSONVILLE FL  
NAME      VP      KATHRYN G. RUNION      4816 KING RICHARD RD      JACKSONVILLE FL  
STREET ADDRESS      ST      JOHN RUNION      4816 KING RICHARD RD.      JACKSONVILLE FL  
CITY-ST-ZIP  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      2/18/00      904-387-2549      Date      Daytime Phone #

CR2E034 (9/99)