

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90090 031 ***150.00

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1. Entity Name
BROADLINE COMMUNICATIONS, INC.



40076444

Principal Place of Business
2301 LUCIEN WAY, Suite 200
MAITLAND, FL 32751

Mailing Address
2301 LUCIEN WAY, Suite 200
MAITLAND, FL 32751

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0333492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GALLAGHER, MICHAEL P**
STREET ADDRESS **2301 LUCIEN WAY**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D** ☐ Delete
NAME **RAND, LEWIS**
STREET ADDRESS **1428 15TH ST**
CITY-ST-ZIP **DENVER, CO 80202**

TITLE **P** ☐ Delete
NAME **BLOCHA, MICHAEL**
STREET ADDRESS **300 ORANGE AVE.**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D** ☐ Delete
NAME **SIEGEL, JOHN**
STREET ADDRESS **201 N. LONDON ST STE 300**
CITY-ST-ZIP **QUANTICO, VA 22134**

TITLE **D** ☒ Delete
NAME **CLAUDY, PETER A**
STREET ADDRESS **75 STATE ST STE 2500**
CITY-ST-ZIP **BOSTON, MA 02109**

TITLE **D** ☐ Delete
NAME **SAVIGNOL, ROB**
STREET ADDRESS **75 STATE ST STE 2500**
CITY-ST-ZIP **BOSTON, MA 02109**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **BLOCHA, MATT**
STREET ADDRESS **2301 Lucien Way Suite 200**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **201 N. UNION ST. STE 300**
CITY-ST-ZIP **Alexandria, VA 22134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia Grimmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYNTHIA GRIMMER

3/19/07

(407) 835-0300

Date

Daytime Phone #