

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90063 047 ***158.75

DOCUMENT # F94776

1. Entity Name
LAPPIN COMMUNICATIONS - FLORIDA, INC.



Principal Place of Business
500 AUSTRALIAN AVE SOUTH
SUITE 100
WEST PALM BEACH, FL 33401 US

Mailing Address
500 AUSTRALIAN AVE SOUTH
SUITE 100
WEST PALM BEACH, FL 33401 US

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

01072008 Chg-P CR2E034 (12/06)

4. FEI Number
13-3129090

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FITZGERALD JAMES F.
500 AUSTRALIAN AVE. SOUTH
SUITE 100
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name Aranson Robert I
Street Address (P.O. Box Number is Not Acceptable)
500 AUSTRALIAN Ave South
Suite 100
City West Palm Beach FL Zip Code 33401

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

Robert Aranson Sec/Treas
(NOTE: Registered Agent signature required when registering)

1/1/08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, JAMES F	
STREET ADDRESS	500 AUSTRALIAN AVE. SOUTH, SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAPPIN, W.R.	
STREET ADDRESS	500 AUSTRALIAN AVE. SOUTH, SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>SECRETARY</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Aranson Robert I</u>	
STREET ADDRESS	<u>500 AUSTRALIAN Ave South Suite 100</u>	
CITY-ST-ZIP	<u>West Palm Beach, FL 33401</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Aranson Robert Aranson Sec/Treas 1/1/08 561-832-7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #