

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000006208

1. Entity Name
LNT ORLANDO, INC.



Principal Place of Business
**C/O LINENS 'N THINGS, INC.
6 BRIGHTON ROAD
CLIFTON, NJ 07015**

Mailing Address
**C/O LINENS 'N THINGS, INC.
6 BRIGHTON ROAD
CLIFTON, NJ 07015**



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **22-2074668** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
AXELROD, NORMAN
8 BRIGHTON ROAD
CLIFTON, NJ 07015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
GILES, WILLIAM T
6 BRIGHTON ROAD
CLIFTON, NJ 07015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SCULLIN, HUGH J
6 BRIGHTON ROAD
CLIFTON, NJ 07015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SIMONETTI, MICHELLE
6 BRIGHTON ROAD
CLIFTON, NJ 07015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
DICK, DAVID
8 BRIGHTON RD.
CLIFTON, NJ 07015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. SEC. 7/08/04 (913) 778-1300
Date Daytime Phone #