

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 18, 2003 8:00 am
Secretary of State

0022374 AV

04-18-2003 90145 037 ***150.00

DOCUMENT # J92529

1. Entity Name
LDP, INC.



Principal Place of Business
230 PEACHTREE ST., NW, SUITE 1440
ATLANTA GA 30303-1515
US

Mailing Address
1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE FL 32202-5009
US



2. Principal Place of Business
1 Independent Drive
Suite, Apt. #, etc.
Suite 1600
City & State
Jacksonville, FL

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
32202 Country
US

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SHIELDS, DAVID R
1 INDEPENDENT DR *Independent*
SUITE 1600
JACKSONVILLE FL 32202

4. FEI Number **59-2930320** Applied For
Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC LOVETT, RADFORD D. 230 PEACHTREE ST., NW, SUITE 1440 ATLANTA GA 30303-1515 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT SHIELDS, DAVID R 230 PEACHTREE ST., NW, SUITE 1440 ATLANTA GA 30303-1515 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS MELLO, JEANNINE 230 PEACHTREE ST., NW, SUITE 1440 ATLANTA GA 30303-1515 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LOVETT, WILLIAM R II 230 PEACHTREE ST., NW, SUITE 1440 ATLANTA GA 30303-1515 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC Lovett, Radford D. 1 Independent Dr, Suite 1600 Jacksonville, FL 32202 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT Shields, David R 1 Independent Dr, Suite 1600 Jacksonville, FL 32202 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS Mello, Jeannine 1 Independent Dr, Suite 1600 Jacksonville, FL 32202 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Lovett, William R II 1 Independent Dr, Suite 1600 Jacksonville, FL 32202 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Jeannine Mello* **SIGNATURE REQUIRED** *1/6/03* *904-634-8808*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)