

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-22-2002 90212 031 ****50.00

DOCUMENT # L01000009124

1. Entity Name

LAUGHING PLACE COMMUNICATIONS, LLC

Principal Place of Business

**434 WATER STREET
 CELEBRATION FL 34747**

Mailing Address

**434 WATER STREET
 CELEBRATION FL 34747**

2. Principal Place of Business

873 Spring Park Loop
 Suite, Apt. #, etc.

3. Mailing Address

873 Spring Park Loop
 Suite, Apt. #, etc.

City & State

Celebration

Zip
34747

Country

Osceola

City & State

Celebration

Zip
34747

Country

Osceola

4. FEI Number

59-3727836

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, ALAN
 873 SPRING PARK LOOP
 CELEBRATION FL 34747**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **PARTNER** ☐ Delete
 NAME **ALAN MOORE**
 STREET ADDRESS **873 SPRING PARK LOOP**
 CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE **ANNA LIRA KOHN, PARTNER** ☐ Delete
 NAME **873 SPRING PARK LOOP**
 STREET ADDRESS **CELEBRATION, FL 34747**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ALAN MOORE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/02
 Date

407-566-1155
 Daytime Phone #

CR2E083 (9/01)