


**2008 LIMITED-LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000003551 1. Entity Name IMPACT COMMUNICATION ENTERPRISES, LLC	
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Principal Place of Business 2044 DIPLOMAT DRIVE CLEARWATER, FL 33764	Mailing Address 2044 DIPLOMAT DRIVE CLEARWATER, FL 33764
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DO NOT WRITE IN THIS SPACE



02062008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2136170	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NATTER, LINDA 2044 DIPLOMAT DRIVE CLEARWATER, FL 33764

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____ <small>02/26/08-80027-010 138.75</small>

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NATTER, LINDA 2044 DIPLOMAT DRIVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NATTER, MICHAEL 2044 DIPLOMAT DRIVE CLEARWATER, FL 33764
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

11. 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 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: <i>Linda Natter</i>	LINDA NATTER	2/13/08	727-524-2323
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>