

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L25274

**FILED  
Apr 16, 2004  
Secretary of State**

Entity Name: LIN-LAINE, INC.

**Current Principal Place of Business:**

105 LAKE EMERALD DRIVE  
# 411  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 9381  
FORT LAUDERDALE, FL 333109381

**New Mailing Address:**

FEI Number: 65-0155463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREEMAN, JOAN  
105 LAKE EMERALD DRIVE #411  
FORT LAUDERDALE, FL 33309      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: FREEMAN, FRANK,  
Address: 105 LAKE EMERALD DRIVE #411  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DST      ( ) Delete  
Name: FREEMAN, JOAN,  
Address: 105 LAKE EMERALD DRIVE #411  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D      ( ) Delete  
Name: OHLINGER, LEE WILLIA, M  
Address: 562 OLD ULM CASCADE RD  
City-St-Zip: CASCADE, MT 59421

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN FREEMAN

DST

04/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date