

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008030 AF

DOCUMENT # L96000000506

1. Entity Name
LIGHTNING LINK COMMUNICATIONS, L.C.

00 MAY -3 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1433 GULF TO BAY BLVD.
SUITE #H
CLEARWATER FL 33755

Mailing Address
1433 GULF TO BAY BLVD.
SUITE #H
CLEARWATER FL 33755-5315



2. Principal Place of Business .

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3377070

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, STEWART
951 CORTLAND WAY
PALM HARBOR FL 34683

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MEM
STREET ADDRESS WHITE, STEWART T
CITY- ST- ZIP 1433 GULF TO BAY BLVD - STE H
CLEARWATER FL 33755 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900003269559-6
CITY- ST- ZIP -05/30/00-01008-020
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE NAME MEM
STREET ADDRESS WHITE CLOUD NINE VENTURES, LIMITED PARTNER
CITY- ST- ZIP 300 S. FOURTH ST., STE. 1100
LAS VEGAS NV 89101 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00

Date

727/562-0041

Daytime Phone #

C-32E03 (9/99)