

2001 UNIFORM BUSINESS REPORT (UBR)

0018605
AF

DOCUMENT # L96000000506

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

FILED
01 APR 30 PM 6:06
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
---	--



MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3377070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WHITE, STEWART
951 CORTLAND WAY
PALM HARBOR FL 34683

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004220964--9
-05/16/01--01118--033
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WHITE, STEWART T 1433 GULF TO BAY BLVD - STE H CLEARWATER FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WHITE CLOUD NINE VENTURES, LIMITED PARTNER 300 S. FOURTH ST., STE. 1100 LAS VEGAS NV 89101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
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
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
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

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: *Stewart T White* **RES Stewart White** **4/25/01** **727/562-0041**
Date Daytime Phone #

CR2E083 (11/00)