## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9600000506

LIGHTNING LINK COMMUNICATIONS, L.C.



FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90183 001 \*\*\*\*50.00

Maling Address   Maling	ļ					COD WE TEND						
SUITE #1   CLEARWATE FL 33755   SUITE #1   CLEARWATE FL 3375	Principal Plac	e of Busines	s	Mailing Address								
CLEARWATER R. 20755  2. Principal Place of Business  Suits Apt. 4, etc.  Suits Apt. 4, etc.  Suits Apt. 4, etc.  City & Sales  Country  7/0  Country  7/0  Country  7/0  Country  7/0  Country  S. Certificate of Status Desired  S. Certificate of Status Desired  S. Country  S. Certificate of Status Desired  S. Country  S. Certificate of Status Desired  S. Do Anothichal Registered Agent  Name  Strict Address of Current Registered Agent  7. Name and Address of New Registered Agent  S. The above nemed entity submits the statement for the purpose of changing its registered agent, or both. In the State of Fibrida. I am figmillar with, and accept the doctigations of registered agent, or both. In the State of Fibrida. I am figmillar with, and accept the doctigations of registered agent, or both. In the State of Fibrida. I am figmillar with, and accept the doctigations of registered agent, or both. In the State of Fibrida. I am figmillar with, and accept the objective of registered agent, or both. In the State of Fibrida. I am figmillar with, and accept the objective of registered agent.  SIGNATURE:  Special Types in prints form of registered agent.  SIGNATURE:  Special Types in prints form of registered agent.  MEM.  MANAGENS MANAGERS  MEM.  MEM.  WHITE CLOUD NINE VENTURES, LIMITED PARTINER 3004.  MEM.  WHITE STEWART I STATE 100 Date  WHITE CLOUD NINE VENTURES, LIMITED PARTINER 3004.  SIGNATURES  OTH ST-SP.  SIGNATURES		BAY BLVD.										
2. Principal Place of Business	****			•								
Suite. Apt. #, etc.    City & State	V											
City & State     City & State     City & State     City & State     State	2. Principal P	lace of Busin	ness	3. Mailing Address								
The Above named antily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.   Signature Application   Signature Applic	Suite, Apt.	#, etc.	<u></u>					☐ CHECK HERE IF MAKING CHANGES				
S. Certificate of Settus Desiro   Fee Propulsed  WHITE, STEWART 951 CORTILAND WAY PAUM HARBOR FL 34683  **City**  City**  City**  City**  City**  City*  FL Zip Code  **City*  City*  City*  City*  FL Zip Code  **City*  City*  C	City & State	9	,	City & State			4. FEIN	umber <b>59-337707</b>	70			
WHITE, STEWART \$51 CORTLAND WAY PALM HARBOR FL 34683  City FL  City FL  Zip Code  City Fl	Zip Country			Zip Country			5. Certif					
WHITE CLOUD NINE VENTURES, LIMITED PARTNER NAME SIRER ADDRESS OTH'S-1-79 TITE NAME STRIER ADDRESS OTH'S-1-79 TITE NAME NAME STRIER ADDRESS OTH'S-1-79 TITE NAME NAME STRIER ADDRESS OTH'S-1-79 TITE NAME STRIER AD		6. Name	and Address of Current		7. Name and Address of New Registered Agent							
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	/A/LIF	<u>στουν</u> ουμού ο ο ο ο ο										
PALM HARBOR FL 34683  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Tamiliar with, and accept the obligations of registered agent.  SIGNATURE    Speaker, liquid of printed name of registered agent and life is activated.   P.OTE: Registered agent, or both, in the State of Florida. I am Tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Tamiliar with, and accept the first operation of registered agent.   P.OTE: Registered agent, or both, in the State of Florida. I am Tamiliar with, and accept the first operation of State												
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature liped or printed name of registered agent and life if agrokeable   [NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature liped or printed name of registered agent and life if agrokeable   [NOTE Registered explants required when remotering)   DATE												
the obligations of registered agent.  Signature Temperature of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature Temperature	170	W HANDON	112 04000									
the obligations of registered agent.  Signature Temperature of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature Temperature						City	<del></del>			Zip Cod	e	
SIGNATURE   Signature, typed or printed name of registered agent and tile 3 applicable   NOTE Registered Agent acrosswore required when reinstation; DATE												
Signature, hypotr or primote name of registance agent and libit is policitable.    File Now!!! FEE IS \$50.00												
FILE NOW:!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due Whay 1, 2003  TITLE NAME WHITE, STEWART T 1433 GULF TO BAY BLVD - STE H CLEARWATER FI, 33755  TITLE NAME WHITE CLOUD NINE VENTURES, LIMITED PARTNER SIRRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET	SIGNATURE											
Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE NAME SIREET ADDRESS CITY-ST-27P  TITLE NAME SI		Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature requ	uired when reinstatin	g)	DATE			
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE CITY-S	ł											
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE NAME WHITE, STEWART T   Delete NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE NAME WHITE CLOUD NINE VENTURES, LIMITED PARTINER 300 S, FOURTH 5T., STE. 1100   LAS VEGAS NV 89101   TITLE NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE NAME   NAME   Delete NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   STREET ADDRESS   CITY-ST-ZIP    TITLE   STREET ADDRESS   CITY-ST-ZIP    TITLE   STREET ADDRESS   CITY-ST-ZIP    TITLE   STREET ADDRESS   CITY-ST-ZIP												
TITLE NAME WHITE, STEWART T  1433 GULF TO BAY BLVD - STE H CLEARWATER FL 33755  TITLE NAME SIRECT ADDRESS CITY-ST-ZIP  TITLE NAME WHITE CLOUD NINE VENTURES, LIMITED PARTINER 300 S. FOURTH ST., STE. 1100 LAS VEGAS NV 89101  TITLE NAME NAME SIRECT ADDRESS CITY-ST-ZIP  TITLE NAME SIRECT ADDRESS CITY-ST-ZIP Addition NAME SIRECT ADDRESS CITY-ST-ZIP				Du	e By Ma	ay 1, 2003						
NAME SIREET ADDRESS CITY-ST-ZIP  WHITE, STEWART T 1433 GULF TO BAY BLVD - STE H CLEARWATER FL 33755  MEM WHITE CLOUD NINE VENTURES, LIMITED PARTINER SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITU	E				Change	☐ Addition	
CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME WHITE CLOUD NINE VENTURES, LIMITED PARTINER STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-Z	}			• 11		. 1					}	
MEM WHITE CLOUD NINE VENTURES, LIMITED PARTNER SIRET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				: п		· I					Į	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP			AIER FL 33/33			<del></del>		<del></del>				
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  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP			I OUD NINE VENTURES			<b>I</b>				Unange	. Addition	
CITY-ST-ZIP	1				•	· 1					.	
TITLE						1						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete				المندية شاكلة لمردات	Talin 1	☐ Change	Addition	
CITY-ST-ZIP						_						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP						I .						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	TITLE			□ Delete	TITLE				<del>-</del>	☐ Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	J					j				_ ,	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS				STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE OCHange Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	CITY-ST-ZIP	_			CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OCHange Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  CITY-ST-ZIP	ľ			☐ Delete	TITLE					☐ Change	☐ Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP												
ITITLE         Delete         TITLE         Change         Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	1											
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>		<del></del>						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP												
											{	
		ertify that the	information supplied with	this filing does not qualify for			Section 119.0	7/3)(i) Florida Statutes	I further certi	fir that the in	formation	

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.