

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002099

FILED
Mar 11, 2010
Secretary of State

Entity Name: LASSWELL FOUNDATION FOR LEARNING AND LAUGHTER INC.

Current Principal Place of Business:

1111 NORTH WEST SHORE BOULEVARD
SUITE 604
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1111 NORTH WEST SHORE BOULEVARD
SUITE 604
TAMPA, FL 33607

New Mailing Address:

FEI Number: 26-1796806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLESINGER, PATRICIA
1111 NORTH WEST SHORE BOULEVARD
SUITE 604
TAMPA, FL 33607 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

OFFICERS AND DIRECTORS:

Title: DR
Name: PRIDA, ANDRES S
Address: 1111 NORTH WEST SHORE BLVD., SUITE 604
City-St-Zip: TAMPA, FL 33607

Title: DR
Name: EICHELBAUM, KIM
Address: 1111 NORTH WEST SHORE BLVD., SUITE 604
City-St-Zip: TAMPA, FL 33607

Title: DR
Name: DAVIS, PETER
Address: 1111 NORTH WEST SHORE BOULEVARD, STE 604
City-St-Zip: TAMPA, FL 33607

Title: DR
Name: SLESINGER, PATRICIA
Address: 1111 NORTH WEST SHORE BOULEVARD, STE 604
City-St-Zip: TAMPA, FL 33607

Title: DR
Name: CORNELL, PETER A
Address: 1111 NORTH WEST SHORE BOULEVARD, STE 604
City-St-Zip: TAMPA, FL 33607

Title: DR
Name: BENTSON, DAVID G
Address: 1111 NORTH WEST SHORE BOULEVARD, STE 604
City-St-Zip: TAMPA, FL 33607

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA SLESINGER

DR

03/11/2010

Electronic Signature of Signing Officer or Director

Date