2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36910

Entity Name: LSN, INC.

FILED Mar 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16717 IN WOODS DRIVE

YOUNGSTOWN, FL 324667221 YOUNGSTOWN, FL 324667221

Current Mailing Address: New Mailing Address:

P O BOX 221

YOUNGSTOWN, FL 324667221

FEI Number: 59-2987840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BERNHARDT, BILL C ALEXANDER, JOSEPH M 16717 IN WOODS DRIVE 2916 EAST AVON ROAD US YOUNGSTOWN, FL 32466 US PANAMA CITY, FL 32405

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: JOSEPH MICHAEL ALEXANDER 03/28/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

(X) Change () Addition () Delete BERNHARDT, BILL C ALEXANDER, JOSEPH M Name: Name:

2916 EAST AVON ROAD Address: 151 BROOKS DRIVE Address: PANAMA CITY, FL 32405 City-St-Zip: City-St-Zip: COTTONWOOD, AL 36320

Title: SD () Delete Title: () Change () Addition

FAIRCLOTH, GAIL Name: Name: Address: 1955 GREENSBORO HWY Address: City-St-Zip: QUINCY, FL 32351 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

AIKEN, TIM BRASWELL, TEDDY Name: Name: 694 N. E. 453 AVENUE Address: 795 1ST STREET Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: OLDTOWN, FL 32680

Title: VD () Delete Title: VD (X) Change () Addition

BENTLEY, RICHARD Name: Name: JAMES, WOLFE

407 WOODROW ST. NE Address: 132 MICHAEL WAY Address:

City-St-Zip: EASTPOINT, FL 32328 City-St-Zip: FORT WALTON BEACH, FL 32597

Title: () Delete BERNHARD, CATHY Name: Name: 2916 E AVON ROAD Address: Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

SIGNATURE: CATHY BERNHARDT TD 03/28/2009