

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90206 005 ***150.00

DOCUMENT # P00000099054

1. Entity Name

LOOSE CANNON COMMUNICATIONS, INC.

Principal Place of Business

10183 14TH ST. NORTH

#203

ST. PETERSBURG FL 33716

Mailing Address

10183 14TH ST. NORTH

#203

ST. PETERSBURG FL 33716

2. Principal Place of Business

405 Central Avenue

3. Mailing Address

405 Central Ave.

Suite, Apt. #, etc.

Suite # 204

Suite, Apt. #, etc.

Suite # 204

City & State

St. Petersburg, FL 33701

City & State

St. Pete FL

Zip

Country

Zip

33701

Country

4. FEI Number

59-3677238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMPSON, D'ALLESANDRA M

705 S. VILLAGE DR. N, APT. #106

ST. PETERSBURG FL 33716

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS FERGUSON, DAVID LEN
CITY-ST-ZIP 7064 DUCKETTS LANE #203
ELKRIDGE MD 21075

TITLE ☐ Delete
NAME D
STREET ADDRESS THOMPSON, D'ALLESANDRA M
CITY-ST-ZIP 10183 14TH ST. NORTH, #203
ST. PETERSBURG FL 33716

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Ferguson, David Len
CITY-ST-ZIP 9633 Susies way
Elkridge, MD 21075

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS Thompson, D'Allesandra M
CITY-ST-ZIP 587 77th Avenue North # 107
St. Pete FL 33702

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

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

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

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

13. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

727-896-4496

Daytime Phone #

CR2E034 (9/01)