

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90206 040 ***158.75

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1. Entity Name
LOOSE CANNON COMMUNICATIONS, INC.



Principal Place of Business
405 CENTRAL AVENUE
SUITE #204
SAINT PETERSBURG FL 33701

Mailing Address
405 CENTRAL AVENUE
SUITE #204
SAINT PETERSBURG FL 33701



2. Principal Place of Business
1220 Pinellas Point Drive
Suite, Apt. #, etc.

3. Mailing Address
- Same -
Suite, Apt. #, etc.

City & State
St. Petersburg FL
Zip
33705
Country
US

City & State
Zip
Country

4. FEI Number
59-3677238

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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
D'Allesandra Thompson
Street Address (P.O. Box Number is Not Acceptable)
1220 Pinellas Point Drive
City
Saint Petersburg FL
Zip Code
33705

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. **D'Allesandra Thompson - VP**
(NOTE: Registered Agent signature required when reinstating) **1-29-03**
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
FERGUSON, DAVID LEN
STREET ADDRESS
9633 SUSIES WAY
CITY-ST-ZIP
ELKRIDGE MD 21075

TITLE
VP
NAME
THOMPSON, D'ALLESANDRA M
STREET ADDRESS
587 77TH AVENUE NORTH # 107
CITY-ST-ZIP
SAINT PETERSBURG FL 33702

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
Vice President
NAME
Thompson, D'Allesandra M
STREET ADDRESS
1220 Pinellas Point Drive
CITY-ST-ZIP
St Petersburg FL 33705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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 **D'Allesandra Thompson** **1-29-03** **727-896-4496**
Date **Daytime Phone #**

CR2E034 (10/02)