

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000020368

1. Entity Name  
LICENSE INVESTMENTS, INC.



Principal Place of Business  
2852 20TH AVE NORTH  
SAINT PETERSBURG, FL 33713 US

Mailing Address  
P.O. BOX 48668  
SUITE 1000  
SAINT PETERSBURG, FL 33743 US



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>04-3742279 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

**6. Name and Address of Current Registered Agent**

DOLAN, MARK R  
2852 20TH AVE NORTH  
SAINT PETERSBURG, FL 33713

**DO NOT WRITE  
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                 |                              |
|-----------------|------------------------------|
| TITLE           | S                            |
| NAME            | DOLAN, MARK R                |
| STREET ADDRESS  | 412 EAST MADISON, SUITE 1000 |
| CITY - ST - ZIP | TAMPA, FL 33602              |

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| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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05/14/07-80074-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

MARK R. DOLAN - ATTY 4/27/07 (727) 525 0540