

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # P22916

(1)

1. Corporation Name

LEBLANC COMMUNICATIONS INC.



Principal Place of Business

Mailing Address

2301 BRIDGEPORT DRIVE
P.O. BOX 3807
SIOUX CITY IA 51111-1001

2301 BRIDGEPORT DRIVE
P.O. BOX 3807
SIOUX CITY IA 51102-3807
US

3. Date Incorporated or Qualified

02/09/1989

3a. Date of Last Report

02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

43-1197693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBBS, RONALD L.
630 US HIGHWAY ONE
SUITE 403
NORTH PALM BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JOHN W. MILLER
STREET ADDRESS 12801 N CENTRAL EXPWY
CITY-ST-ZIP DALLAS TX

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1755 N. Collins Blvd. Suite 325
1.4 CITY-ST-ZIP Richardson, TX 75080

TITLE AS
NAME LAWRENCE J. PENNER
STREET ADDRESS 1600 TRIBUTE ROAD
CITY-ST-ZIP SACRAMENTO CA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1755 N. Collins Blvd. Suite 325
2.4 CITY-ST-ZIP Richardson, TX 75080

TITLE CEO
NAME GEORGE E. PATTON
STREET ADDRESS 514 CHARTWELL ROAD
CITY-ST-ZIP OAKVILLE ONTARIO CA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME WILSON, JIM
STREET ADDRESS 3480 ROSEMARY LN
CITY-ST-ZIP ELLICOTT MD

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ST
NAME PIKE, CARLA S
STREET ADDRESS 2301 BRIDGEPORT DRIVE
CITY-ST-ZIP SIOUX CITY IA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

712-252-4101

CR2E034 (9/96)