

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

**FILED**

**Feb 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P22916**

**(1)**

1. Corporation Name  
**LEBLANC COMMUNICATIONS INC.**



Principal Place of Business  
**2301 BRIDGEPORT DRIVE  
P.O. BOX 3807  
SIOUX CITY IA 51111-1001**

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

3. Date Incorporated or Qualified <b>02/09/1989</b>	3a. Date of Last Report <b>02/05/1996</b>
4. FEI Number <b>43-1197693</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent  
**GIBBS, RONALD L.  
630 US HIGHWAY ONE  
SUITE 403  
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	JOHN W. MILLER
STREET ADDRESS	12804 N CENTRAL EXPWY
CITY-ST-ZIP	DALLAS TX
TITLE	AS <input type="checkbox"/> DELETE
NAME	LAWRENCE J. PENNER
STREET ADDRESS	1600 TRIBUTE ROAD
CITY-ST-ZIP	SACRAMENTO CA
TITLE	CEO <input type="checkbox"/> DELETE
NAME	GEORGE E. PATTON
STREET ADDRESS	514 CHARTWELL ROAD
CITY-ST-ZIP	OAKVILLE ONTARIO CA
TITLE	D <input type="checkbox"/> DELETE
NAME	WILSON, JIM
STREET ADDRESS	3480 ROSEMARY LN
CITY-ST-ZIP	ELLICOTT MD
TITLE	ST <input type="checkbox"/> DELETE
NAME	PIKE, CARLA S
STREET ADDRESS	2301 BRIDGEPORT DRIVE
CITY-ST-ZIP	SIOUX CITY IA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1755 N. Collins Blvd. Suite 325
1.4 CITY-ST-ZIP	Richardson, TX 75080
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1755 N. Collins Blvd. Suite 325
2.4 CITY-ST-ZIP	Richardson, TX 75080
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Carla S. Pike* **REQUIRED** *Carla S. Pike* **Treasurer** *712-252-4101*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)