PROFIT CORPORATION ANNUAL REPORT

1999



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

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400093982

1. Corporation Name

L&L COMMUNICATIONS DESIGN TEAM INC.

Principal Place of Business

Mailing Address

805 E HILLSBORO BLVD #204

805 E HILLSBORO BLVD #204

May 13, 1999 8:00 am Secretary of State

05-13-1999 90037 047 ***150.00

|--|

| DEERFIELD BEACH FL 33441 DEERFIELD BE | | | SEACH FL 33441 | rl 33441 | | DO NOT WRITE IN THIS SPACE | |
|--|--|-------------------------------|-------------------|-------------------------|-------------|---|--|
| | | | | | | 3. Date Incorporated or Qualifed | |
| | | | | | | 01/01/1995 | |
| 2. Principal Pl | ace of Business | 2a. Mailing | Address | | | 4. FEI Number Applied For | |
| 2126 | | | | | | 65-0551399 Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | ot. #, etc. | | | 5. Certificate of Status Desired See Required | |
| City & State City & State | | | tate | | | 6. Election Campaign Financing 55.00 May Be | |
| 23 28 | | | | | | Trust Fund Contribution Added to Fees | |
| Zip | Country Zip | | | Country | | 8. This corporation owes the current year Intangible | |
| 24 | 25 29 30 | | | Personal Property Tax. | | | |
| | 9. Name and Address of Curr | ent Registered Ag | ent | | | 10, Name and Address of New Registered Agent | |
| | | | | | Name | | |
| BUYER, LISA | | | | 82 | Ctroot | Address (P.O. Box Number is Not Acceptable) | |
| 805 (| E HILLSBORO BLVD #204 | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | |
| DEEF | RFIELD BEACH FL 33441 | | | 83 | | | |
| | | | | | | | |
| | | | | 84 | City | FL 85 Zip Code | |
| 44 Dureuant i | to the provisions of Sections 607.0 | 502 and 607 1508 | Florida Statutes | the above | -named | t cornoration submits this statement for the purpose of changing its registered | |
| office or re | agistered agent or both in the Stat | te of Florida. Such d | change was autho | orized DV | the corp | poration's board of directors. I hereby accept the appointment as registered | |
| agent. I ar | n familiar with, and accept the obli | gations of, Section t | 607.0505, Florida | Statutes | | | |
| SIGNATURE | Signature, typed or printed name of registered a | gent and title if applicable. | (NOTE: Rec | stered Ager | t signature | required when reinstating) DATE | |
| 12. OFFICERS AND DIRECTORS | | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DPS | | DELETE | 1.1 TITLE | | Change Addition | |
| NAME | HODDINOTT, LISA | | | 1.2 NAME | | | |
| STREET ADDRESS % 805 E HILLSBORO BLVD #204 | | | | 1.3 STREE | ADDRESS | | |
| CITY-ST-ZIP DEERFIELD BEACH FL 33441 | | | 1.4 CITY-S | r. 7IP | | | |
| TITLE | DVT | | ☐ DELETE | 2.1 TITLE | | Change Addition | |
| NAME | BUYER, LISA | | · | 2.2 NAME | | | |
| STREET ADDRESS % 805 E HILLSBORO BLVD #204 | | | | 2.3 STREE | ANNESS | | |
| | | | | 2.4 CITY-S | | | |
| CITY-ST-ZIP | DEERITELD BLACITTE 3344 | | DELETE | 3 1 TITLE | | Change Addition | |
| 1 | | | | 32 NAME | | | |
| NAME | | | | 3.3 STREE | AUDDESS | | |
| STREET ADDRESS | | | | 3.4. CITY-5 | | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 4.1 TITLE | 1-ZIF | ☐ Change ☐ Addition | |
| NAME | | ' | | 4. 2 NAME | | _ , _ | |
| | | | | 4.3 STREE | ADDDECC | , | |
| STREET AODRESS | | | | 4.3 STREE 4.4 CITY-S | | ") | |
| CITY-ST-ZIP | | - | DELETE | 5.1 TITLE | 1-41- | ☐ Change ☐ Addition | |
| TITLE | | ' | | 5.2 NAME | | | |
| NAME | | | | 5.3 STREE | ADDRESS | | |
| STREET ADDRESS | | | | 5.4 CITY-S | | | |
| CITY-ST-ZIP | | | □ OELETE | 6.1 TITLE | 1-4IF | ☐ Change ☐ Addition | |
| TITLE | | · | LI VELETE | 62 NAME | | | |
| NAME | • | | | | ADDRESS | , | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-S | | d in Contine 440 07/2\(\text{(i)}\) Florida Statutes I further cortifu that the information | |

14. 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 informati 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 of the receiver of the corporation of the receiver of

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR