FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME

SIGNATURE:

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P94000093982 1. Entity Name L&L COMMUNICATIONS DESIGN TEAM INC. 04-03-2001 90019 039 ***150.00 Principal Place of Business Mailing Address 805 E HILLSBORO BLVD #204 805 E HILLSBORO BLVD #204 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEi Number 65-0551399 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATKINSON, LISA Street Address (P.O. Box Number is Not Acceptable) 805 E HILLSBORO BLVD #204 DEERFIELD BEACH FL 33441 Zip Code City 8. The above named ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPS CR2E034 (10/00 TITLE Delete TITLE ☐ Change Addition NAMÉ HODDINOTT, LISA NAME STREET ADDRESS STREET ADDRESS % 805 E HILLSBORO BLVD #204 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 Change TITLE Delete TITLE ☐ Addition Buyer, Lisa ATKINSON, LISA NAME NAME STREET ADDRESS STREET ADDRESS % 805 E HILLSBORO BLVD #204 CITY-ST-7IP CITY-ST-7IP DEERFIELD BEACH FL 33441 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if