CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

Feb 28, 2002 8:00 am DOCUMENT # P94000093982 **Secretary of State** 1. Entity Name 02-28-2002 90055 018 ***150 00 L&L COMMUNICATIONS DESIGN TEAM INC. 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 # a07 # 207 City & State City & State 4. FEI Number Applied For 65-0551399 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. 805 E HILLSBORO BLVD #204 **DEERFIELD BEACH FL 33441** City Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 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. TITLE TITI F ☐ Addition Delete HODDINOTT, LISA NAME NAME STREET ADDRESS % 805 E HILLSBORO BLVD #204 STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change DVT NAME BUYER, LISA NAME STREET ADDRESS % 805 E HILLSBORO BLVD #204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 - Change --- Addition -Delete: TITLE TITLE: NAME NAME ROTH, RYAN L STREET ADDRESS STREET ADDRESS 805 E HILLSOBOR BV CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition 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

vith all other like empowered.