## 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

## DOCUMENT # P96000039234 (5)

LLA COMMUNICATIONS, INC.

Principal Place of Business Mailing Address 6767 N. WICKHAM ROAD, SUITE 400 8767 N. WICKHAM ROAD, SUITE 400 MELBOURNE FL 32940-2025 MELBOURNE FL 32940 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3385850 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANGELO, LINDA L 6767 N. WICKHAM ROAD, SUITE 400 82 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32940** 83 84 City Zip Code 85 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 Signatural typicition printed name of registered agent and the if applicable. (NOTE: Registered Agerit signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. Addition Change □ DELETE 1.1 TITLE TILLE ANGELO, LINDA L 1.2 NAME NAMÉ 6767 N. WICKHAM ROAD, SUITE 400 STREET ADDRESS 1.3 STREET ADDRESS **MELBOURNE FL 32940** 1.4 CITY-ST-ZiP CHTY - ST - ZIE DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-ST-ZIP CITY - ST - 7IP DELETE Change Addition TOTALE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CiTY-ST-ZIP CHY-5"- ZIP DELETE ☐ Change Addition THILE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS SUBSET ADDRESS

14. If 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 attackment with an address.

5.4 CITY - S1 - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

**SIGNATURE:** 

CITY-S1-ZiP

STREET ADORESS

TITLE NAME

RUNDA ME OF SIGNING OFFICE OF DIRECTOR

DELETE

2/12/97 (407) 752-0703

☐ Change

Addition

**FILED** 

Feb 17 1997 8:00am

Secretary of State