2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

6767 N. WICKHAM BOAD SHITE 400

Principal Place of Business

6767 N. WICKHAM ROAD, SUITE 400

DOČUMENT # **P96000039234** LLA COMMUNICATIONS, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90029 028 ***150.00

MELBOURNE FL 32940			MELBOURNE FL 32940				8 % 0 7 % 3					
2. Principal Pl	ace of Busir	ness	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS S	SPACE		
City & State)		City & State			4. F8	4. FEI Number 59-3385250				pplied For	
Zip		Country	Zip Co		etry		ortificate of	Status Desired		\$8.75 Add	t Applicable ditional	
6. Name and Address of Current Registered Agent]				Fee Require		
	b. Name	and Address of Current I	Registered Agent	•	Name	7. Na	ame and A	dress of New R	egistered /	Agent		
ANGELO, LINDA L					Street Address (P.O. Box Number is Not Acceptable)							
6767 MELE												
					City				FL	Zip Cod	e	
9. This corpo	oration is elig	or printed name of registered agent a			ed Agent signature requi	ired when rein			DATE			
Tax filing r	equirement ia on back)	and elects to do so.	After MAY 1, 2 Make Check Paya	After MAY 1, 2001 Fee will be \$550.0 Make Check Payable to Department of S				on Campaign Fin Fund Contribution	~ _)0 May Be d to Fees	
11.		OFFICERS AND		12.		ADE	DITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
NAME STREET AODRESS CITY -S1 - ZIP	6767 N. 1	, LINDA L WICKHAM ROAD, SUITE RNE FL 32940	□ Delete : 400							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	8						☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete							☐ Charge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					<u> </u>		Change	☐ Acdition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•						Change	☐ Addition	
•	certify that the	ne information supplied with	this filing does not qualify true and accurate and tha			Section 1	19.07(3)(i),	Florida Statutos. as if made under	I further ce	rtify that the am an office	information r or director	

of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STATING OFFICER OR DIRECTOR empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if