

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90027 036 ***150.00

DOCUMENT # P96000039234

1. Entity Name

LLA COMMUNICATIONS, INC.

Principal Place of Business

6767 N. WICKHAM ROAD, SUITE 400
 MELBOURNE FL 32940

Mailing Address

6767 N. WICKHAM ROAD, SUITE 400
 MELBOURNE FL 32940



2. Principal Place of Business

200 S. BANANA RIVER BLVD
 Suite, Apt. #, etc.
 # 701

3. Mailing Address

2023 N. ATLANTIC AVE
 Suite, Apt. #, etc.
 # 270

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

4. FEI Number

59-3385250

Applied For

Not Applicable

Zip

32931

Country

BREVARD

Zip

32931

Country

BREVARD

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANGELO, LINDA L

6767 N. WICKHAM ROAD, SUITE 400
 MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2023 N. ATLANTIC AVE, #270

City

Cocoa Beach

FL

Zip Code

32931

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 LINDA L. Angelo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ANGELO, LINDA L
 CITY-ST-ZIP 6767 N. WICKHAM ROAD, SUITE 400
 MELBOURNE FL 32940

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

Linda L. Angelo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)