


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90415 023 \*\*\*150.00

**DOCUMENT # P96000064413**

1. Entity Name  
**LIMESTONE COMMUNICATIONS INC.**



Principal Place of Business      Mailing Address

**2801 PONCE DE LEON BLVD  
 SUITE #800  
 CORAL GABLES, FL 33134**      **2801 PONCE DE LEON BLVD  
 SUITE #800  
 CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**300 Sevilla Ave**      **300 Sevilla Ave**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**#202**      **#202**

City & State      City & State

**Coral Gables, FL**      **Coral Gables, FL**

Zip      Country      Zip      Country

**33134**      **Miami-Dade**      **33134**      **USA**

4008500



04192007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**65-0691836**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PRISENDORF, JUSTIN  
 2801 PONCE DE LEON BLVD  
 SUITE #800  
 CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**300 Sevilla Avenue #202**

City      State      Zip Code

**Coral Gables      FL      33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Justin Prisoroff, Justin Prisoroff*      DATE: 4/19/07

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	PRISENDORF, JUSTIN	
STREET ADDRESS	2801 PONCE DE LEON BLVD SUITE #800	
CITY - ST - ZIP	CORAL GABLES, FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRISENDORF, ALEXIS	
STREET ADDRESS	2801 PONCE DE LEON BLVD SUITE #800	
CITY - ST - ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all the like empowered.

SIGNATURE: *Justin Prisoroff, Justin Prisoroff*      DATE: 4/19/07      (305) 460-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #