

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000052920

Corporation Name
LD UPSHOT, INC.

Principal Place of Business

9259 PALM TREE DRIVE
WINDEMERE FL 34786

Mailing Address

9259 PALM TREE DRIVE
WINDEMERE FL 34786

FILED
Sep 02, 1999 8:00 am
Secretary of State

09-02-1999 90008 037 ***558.75

612224-90008-37 4



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Country

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

59-3453191

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

LAKE, WILLIAM
9259 PALM TREE DRIVE
WINDEMERE FL 34786

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	V LAKE, WILLIAM	<input type="checkbox"/> DELETE
STREET ADDRESS	10112 WATERS MEET DRIVE	
CITY-STATE-ZIP	TALLAHASSEE FL 32312	
NAME	V ROHM, GREG	<input type="checkbox"/> DELETE
STREET ADDRESS	9259 PALM TREE DRIVE	
CITY-STATE-ZIP	WINDEMERE FL 34786	
NAME	P MILLER, STEPHANI	<input type="checkbox"/> DELETE
STREET ADDRESS	819 COPPERFIELD TERRACE	
CITY-STATE-ZIP	CASSELBERRY FL 32707	
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

INITIALS REQUIRED

8299

CR2E034 (5/99)