2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # P9700068318 LED CABLE SERVICES, INC. 01-24-2000 90267 003 ***150.00 Principal Place of Business Mailing Address 4334 S LITTLE AL POINT 4334 S LITTLE AL POINT INVERNESS FL 34452-7529 Ոնոնոնու INVERNESS FL 34452 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-5304652 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STANLEY, CHRISTINE M Street Address (P.O. Box Number is Not Acceptable) 4334 S LITTLE AL POINT **INVERNESS FL 34452** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PVST ☐ Change Addition ☐ Delete TITLE TITLE STANLEY, CHRISTINE M NAME 4334 S LITTLE AL POINT STREET ADDRESS STREET ADDRESS INVERNESS FL 34452 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE STANLEY, CHRISTINE M NAME 4334 S LITTLE AL POINT STREET ADDRESS STREET ADDRESS **INVERNESS FL 34452** CITY-ST-ZIP CITY-ST-7P Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-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 is changed, or on an attachment with an address, with all other like employered.