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Secretary of State
05-01-2006 90336 050 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000107426

1. Entity Name
JL COMMUNICATIONS, INC.

40072525

Principal Place of Business	Mailing Address
211-50 NE 21ST PL MIAMI, FL 33179 US	C/O JANICE SHARON LUSKY 301 ALMERIA AVE., SUITE 350 CORAL GABLES, FL 33134 US

2. Principal Place of Business		3. Mailing Address	
		21150 N.E. 21st PLACE	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State N MIAMI BEACH	
Zip	Country	Zip FL 33179	Country U.S.A.

04242006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0801324 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LUSKY, JANICE SHARON
411-50 NE 2ND PL
MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 21150 N.E. 21th PLACE

City N. MIAMI BEACH FL Zip Code 33179

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LUSKY, JANICE SHARON 211-50 NE 21ST PL MIAMI, FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANICE S. LUSKY GREENSPAN GREENSPAN	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S LUSKY, GISELA 1855 DAYTONIA RD MIAMI BEACH, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 other like empowered.

SIGNATURE: X Gisela Lusky — Secretary — 305-931-1924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #