2007 FOR PROFIT CORPORATION

FILED Apr 11, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P99000022023 1. Entity Name LCSI PUBLISHING CO. Principal Place of Business Mailing Address LEN CHARNLEY SLACK LEN CHARNLEY SLACK 8601 BEACH BLVD. #802 8601 BEACH BLVD. #802 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 02192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3562196 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SLACK, LEONARD C DO NOT WRITE 8601 BEACH BLVD #802 JACKSONVILLE, FL 32216 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 04/19/07-80066-015.150.00 OFFICERS AND DIRECTORS 10. TITLE SLACK, LEONARD C NAME STREET ADDRESS 8601 BEACH BLVD #802 JACKSONVILLE, FL 32216 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 appraidness, with all other mixer empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP