

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005681

**Entity Name:** LIBERTY NETWORK INTERNATIONAL INC.**Current Principal Place of Business:**8900 HWY 98W  
PENSACOLA, FL 32506**Current Mailing Address:**8900 HWY 98 W  
PENSACOLA, FL 32506 US**FEI Number: 59-3345542****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LAMBERT, JOHN  
8900 HWY 98 W  
PENSACOLA, FL 32506 US*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:**

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Electronic Signature of Registered Agent

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Date**Officer/Director Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | DIRECTOR                |
| Name            | KARPINEN, DON           |
| Address         | 8722 ESCONDIDO WAY EAST |
| City-State-Zip: | BOCA RATON FL 33433     |

|                 |                            |
|-----------------|----------------------------|
| Title           | DIRECTOR                   |
| Name            | MATHER , JAMES             |
| Address         | 5659 WILLIAM & MARY STREET |
| City-State-Zip: | MOBILE AL 36608            |

|                 |                   |
|-----------------|-------------------|
| Title           | DIRECTOR          |
| Name            | RICE, RONALD      |
| Address         | 1798 LIGHTNING ST |
| City-State-Zip: | NAVARRE FL 32566  |

|                 |                    |
|-----------------|--------------------|
| Title           | EXDR               |
| Name            | LIPSCOMB, JOSHUA C |
| Address         | 1117 HALYARD PL    |
| City-State-Zip: | PENSACOLA FL 32507 |

|                 |                    |
|-----------------|--------------------|
| Title           | SD                 |
| Name            | LIMBAUGH, MARC     |
| Address         | 144 MANOR WAY      |
| City-State-Zip: | CARROLTON GA 30117 |

|                 |                        |
|-----------------|------------------------|
| Title           | VT                     |
| Name            | LAMBERT, JOHN P        |
| Address         | 8485 SALT GRASS DR. W. |
| City-State-Zip: | PENSACOLA FL 32526     |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN LAMBERT****VT****03/05/2019**

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Electronic Signature of Signing Officer/Director Detail

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Date