

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004603

**Entity Name:** LOCALBLIP INC.

**Current Principal Place of Business:**

2223 WILTON PARK DRIVE  
WILTON MANORS, FL 33305

**Current Mailing Address:**

2223 WILTON PARK DRIVE  
WILTON MANORS, FL 33305 US

**FEI Number:** 46-2583851

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GCR BUSINESS LAW, PLLC  
500 EAST BROWARD BOULEVARD, SUITE 1710  
FORT LAUDERDALE, FL 33394 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CPST  
Name MAZZIO, NICHOLAS  
Address 2223 WILTON PARK DRIVE  
City-State-Zip: WILTON MANORS FL 33305

Title VC  
Name CLINE, ROBIN  
Address 2223 WILTON PARK DRIVE  
City-State-Zip: WILTON MANORS FL 33305

Title D  
Name BENCKENSTEIN, JOHN  
Address 2223 WILTON PARK DRIVE  
City-State-Zip: WILTON MANORS FL 33305

Title D  
Name WOOD, RANDALL  
Address 2223 WILTON PARK DRIVE  
City-State-Zip: WILTON MANORS FL 33305

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICHOLAS MAZZIO

**PRESIDENT**

**01/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date