

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 170740

Entity Name: ATLAS TV CENTER INC

FILED  
Mar 19, 2009  
Secretary of State

**Current Principal Place of Business:**

736 71ST ST  
MIAMI BCH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

736 71ST ST  
MIAMI BCH, FL 33141

**New Mailing Address:**

FEI Number: 59-0681510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAUBART, DAVID  
21101 NE 21 PL  
N. MIAMI BEACH, FL 33179 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: GRAUDART, DAVID,  
Address: 21101 N. 21 PLACE  
City-St-Zip: N MIAMI BCH, FL 33179

Title: VP ( ) Delete  
Name: GRAUBART, SCOTT  
Address: 20931 NE 24 AVE  
City-St-Zip: NORTH MIAMI BCH, FL 33180 FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID GRAUBART

PT

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date