


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90002 006 \*\*\*550.00

**DOCUMENT # F96000003762**

1. Entity Name  
**PULSE COMMUNICATIONS, INC.**



Principal Place of Business  
**1600 BOSTON-PROVIDENCE HIGHWAY  
 SUITE 101  
 WALPOLE, MA 02081**

Mailing Address  
**1600 BOSTON-PROVIDENCE HIGHWAY  
 SUITE 101  
 WALPOLE, MA 02081**

**04063043**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



07012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**BANSCHBACH, MICHAEL  
 8559 BOVA GLADES BLVD WEST  
 UNIT E  
 BOCA RATON, FL 33434**

4. FEI Number  
**04-3311126**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
**PICARDI, BRIAN**

Street Address (P.O. Box Number is Not Acceptable)  
**2121 PONCE DE LEON BLVD.  
 SUITE 525**

City  
**CORAL GABLES**

FL Zip Code  
**33134**

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 *William S. Currie* **William S. CURRIE** **President** **7/14/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPT</b> <b>CURRIE, WILLIAM</b> <b>156R BEACH ST</b> <b>FOXBORO, MA 02035</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BANSCHBACH, MICHAEL</b> <b>8559 BOCA GLADES BLVD. WEST, UNIT E</b> <b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COSTANTINO, SALVATORE</b> <b>1213 ROBIN HOOD CIRCLE</b> <b>BALTIMORE, MD 21701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TESSITORE, FRANK W</b> <b>222 HIGHLAND AVE</b> <b>ARLINGTON, MA 02174</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BANSCHBACH, MICHAEL</b> <b>31948 GLOXINIA WAY</b> <b>LAKE ELSINORE, CA 92532</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William S. Currie* **William S. CURRIE** **7/14/04** **508-660-0346**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #