

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90013 006 ***150.00

DOCUMENT # P03000050168	
1. Entity Name RAD URBAN COMMUNICATIONS, INC.	

Principal Place of Business 10190 BOCA ENTRADA BLVD #218 BOCA RATON FL 33428	Mailing Address 10190 BOCA ENTRADA BLVD #218 BOCA RATON FL 33428
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2. Principal Place of Business 1626 Collins Ave	3. Mailing Address 1626 Collins Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Beach FL	City & State Miami Beach FL
Zip 33139	Zip 33139
Country USA	Country USA

	
04022004 Chg-P	CR2E034 (10/03)
4. FEI Number 03-0515935	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLEISCHBEIN, GREG 10190 BOCA ENTRADA BLVD #218 BOCA RATON, FL 33428	
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7. Name and Address of New Registered Agent Name Greg Fleischbein Street Address (P.O. Box Number is Not Acceptable) 1626 Collins Ave City Miami Beach FL Zip Code 33139	
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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 	DATE 4/16/04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISCHBEIN, GREGORY 10190 BOCA ENTRADA BLVD #218 BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUNGER, OPHER 19470 NE 22 RD NMB, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLOCK, BRYAN 500 S OCEAN BLVD #708 BOCA RATON, FL 33432 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 