

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G58276

FILED  
May 17, 2005  
Secretary of State

Entity Name: CPS COMMUNICATIONS, INC.

## Current Principal Place of Business:

% DAVID H. GIDEON  
7200 WEST CAMINO REAL, SUITE 215  
BOCA RATON, FL 33433 US

## New Principal Place of Business:

% SUZANNE BESSE  
7200 WEST CAMINO REAL, SUITE 215  
BOCA RATON, FL 33433 US

## Current Mailing Address:

114 WEST 26TH ST  
3RD FLOOR  
NEW YORK, NY 10001 US

## New Mailing Address:

FEI Number: 59-2321447      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BESSE, SUZANNE  
7200 WEST CAMINO REAL  
SUITE 215  
BOCA RATON, FL 33433 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: STD ( ) Delete  
Name: KRIAK, MICHAEL  
Address: 114 WEST 26TH ST, 3RD FL  
City-St-Zip: NEW YORK, NY 10001

Title: D ( ) Delete  
Name: KIRK, LISA  
Address: 114 WEST 26TH ST, 3RD FL  
City-St-Zip: NEW YORK, NY 10001

Title: D ( ) Delete  
Name: PECOVER, WILLIAM  
Address: 114 WEST 26TH ST 3RD FL  
City-St-Zip: NEW YORK, NY 10001

Title: D ( ) Delete  
Name: FREEMAN, BRIAN  
Address: 38-42 HAMPTON ROAD  
City-St-Zip: TEDDINGTON, MIDDLESEX, U.K.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: MICHAEL KRIAK

CFO

05/17/2005

Electronic Signature of Signing Officer or Director

Date