

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 391981 (8)

1. Corporation Name

INTEGRATED BROADCAST SERVICES, INC.

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE
SUITE 1225
MIAMI FL 33133

Mailing Address

2601 SOUTH BAYSHORE DRIVE
SUITE 1225
MIAMI FL 33133

APPROVED
AND
FILED
95 MAR 23 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/29/1971

3a. Date of Last Report

06/02/1994

4. FEI Number

59-1373906

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 289 Key Palm Road

2a. Mailing Address

26 289 Key Palm Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 Boca Raton, Florida

City & State
27 Boca Raton, Florida

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

E.H.G. RESIDENT AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE
SUITE 1225
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5100 Town Center Circle

83 Suite 330

84 City
Boca Raton

FL

85 Zip Code
33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE By:

Edward H. Gilbert, President

1/23/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOCHSTADT, A M
STREET ADDRESS 289 KEY PALM ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME HOCHSTADT, MAX
STREET ADDRESS 13953 S.W. 68TH ST.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME HOCHSTADT, ROSE
STREET ADDRESS 13953 S.W. 68TH ST.
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. M. Hochstadt

DATE

Daytime Phone #