

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90003 027 \*\*\*150.00

**DOCUMENT # F00000002224**

1. Entity Name

ADVANCED BROADCAST SERVICES, INC.



Principal Place of Business

2148-H HILLS AVE.  
ATLANTA GA 30318

Mailing Address

2148-H HILLS AVE.  
ATLANTA GA 30318

2. Principal Place of Business

4305 VINELAND ROAD

3. Mailing Address

4305 VINELAND ROAD

Suite, Apt. #, etc.

612

Suite, Apt. #, etc.

612

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32811

Country

Zip

32811

Country



MOORE

CR2E034 (11/03)

4. FEI Number

52-2031034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME DAY, BARRY  
STREET ADDRESS UNIT 4 ELSTREE DIST PARK ELSTREE WAY  
CITY-ST-ZIP BOREHAM WOOD HEIGHTS GB wd-61ru

TITLE S ☒ Delete  
NAME KEFFER, KIM  
STREET ADDRESS 3611 HARWICK COURT  
CITY-ST-ZIP DOUGLASVILLE GA 30135

TITLE D ☒ Delete  
NAME DELANO, JULIAN  
STREET ADDRESS 20 OLD BAILEY  
CITY-ST-ZIP LONDON, ENGLAND EC4N7LN

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME DAVID J. CARR  
STREET ADDRESS UNIT 4 ELSTREE WAY,  
CITY-ST-ZIP BOREHAMWOOD ENGLAND UK

TITLE SECRETARY ☒ Change ☐ Addition  
NAME KIRSTEN F. BALLARD  
STREET ADDRESS 4305 VINELAND ROAD, SUITE 612  
CITY-ST-ZIP ORLANDO, FL, 32811

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #