2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000290

1. Entity Name
US COMMUNICATIONS CONTRACTORS OF CALIFORNIA, INC.



FILED

Aug 03, 2004 8:00 am Secretary of State 08-03-2004 90010 001 ***550.00

Principal Place of Business			Mailing Address							2407	2100			
4440 PGA BOULEVARD STE. 500 PALM BEACH GARDENS, FL 33410			4440 PGA BOULEVARD STE. 500 PALM BEACH GARDENS, FL 33410							6401	0100			
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2. Principal Place of Business			3. Mailing Address											
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				07212004	Chg	J-P	CR2E03-	4 (10/03)			
City & State			City & State				4. FEI Number 37-044					plied For t Applicable		
Zip		Country	Zip	itry		5. Certificate	of Status	Desired		8.75 Add				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent								
0.7.0000	ODATIO	N OVOTEM			Name									
		N SYSTEM ISLAND ROAD			Street Ad	idress (P	P.O. Box Number is Not Acceptable)							
PLANTATION, FL 33324														
					City					FL	Zip Code)		
		ty submits this statement for	the purpose of changing its	s register	ed office or	registere	d agent, or bo	th, in the	State of Flo	orida. I am fa	miliar with,	and accept		
the obligati	ions of regis	stered agent.												
SIGNATURE_	Signatura type	d or printed name of registered agent a	Orl title if annimable (NO	TF: Renisters	ri Acient sicose	re required v	when reinstating)			DATE				
	3													
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees														
10.		OFFICERS AND [11.			ADDITIONS	CHANGE	S TO OFF	ICERS AND I	DIRECTOR	S IN 11		
TITLE	DVP	I OTEVEN	☐ Delete	ΠL	I					I	Change	☐ Addition		
NAME Street adoress	NIELSEN, STEVEN 4440 PGA BOULEVARD STE. 500			NAM Stri	EET ADDRESS									
CITY-ST-ZIP				CITY	'-ST-ZIP									
TITLE	DST	- "	□ Delete	ШП	i						☐ Change	☐ Addition		
NAME STREET ADDRESS	1 .	DUNN, RICHARD L			ie Eet address									
CITY-ST-ZIP		4440 PGA BOULEVARD STE. 500 STR PALM BEACH GARDENS, FL 33410 CITY												
TITLE	Р		₹ Delete	TITL	E	P'.	*****				☐ Change	X Addition		
NAME	KLEIN,"T			NAM	,		OZ, MIKI		au T M	D 500				
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP	4441 PAL	O PGA BI M BEACH	LVD., GARD	ENS.	E 300 FL 3341	.0			
TITLE	VP .	ZACTOANDENO, TE OU	☐ Delete	TITL		1 1 1 1 1 1		011-1-			☐ Change	☐ Addition		
NAME		N, SHANI		NAM										
STREET ADDRESS	1115 A			EET ADDRESS							ļ			
CITY-ST-ZIP	 				r-ST-ZIP	AT	-					170		
title Name	OTERO	ROBERTO	K Delete	TITL NAM	1		ERMAN, (GARY			☐ Change	X Addition		
STREET ADDRESS	1				EET ADDRESS	444	O PGA B	LVD.,	SUIT	E 500				
CITY-ST-ZIP					r-st-zip	PAL	M BEACH	GARD	ENS,	FL 3341	.0			
TITLE	AS	C7 115	☐ Delete	TITL							☐ Change	☐ Addition		
NAME STREET ADDRESS	HAGG; L	.EZLIE IA BOULEVARD STE. 50	n	NAM STRI	AE Eet address									
CITY-ST-ZIP	1 2	EACH GARDENS, FL 33			r-ST-ZIP									
19 I haraby	12. Thereby 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											oformation		

I nereby certify that the information supplied with this filling 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 eath; 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: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561)627-7171