

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000003883



1. Entity Name
PURE ENTERTAINMENT TELECOMMUNICATIONS, INC.

Principal Place of Business

**2 PENN PLAZA
11TH FLOOR
NEW YORK, NY 10121**

Mailing Address

**6800 BROKEN SOUND PARKWAY NW
SUITE 100
BOCA RATON, FL 33487**



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0209626

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000914563
05/08/08-80062-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BELL, MARC H
STREET ADDRESS	6800 BROKEN SOUND PARKWAY NW, SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	TD
NAME	STATION, DANIEL C
STREET ADDRESS	6800 BROKEN SOUND PARKWAY NW, SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	S
NAME	ASHER, PAUL
STREET ADDRESS	6800 BROKEN SOUND PARKWAY NW, SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #