2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

4 EXECUTIVE PLAZA

DOCUMENT # F9300005393

1. Entity Name

Principal Place of Business

CP COMMUNICATIONS INCORPORATED



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90178 009 ***150.00

YONKERS NY 10			YONKE	YONKERS NY 10701								
2. Principal Place of Business			3. Maili	3. Mailing Address				1 (68)(100 1512 151(15 1415 15245 1534 1541) 1541 1541 1541 1541				
Suite, Apt. #	etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. F	FEI Number 13-3276835			olied For Applicable	
Zip	Country Zip				Country 5.			Certificate of Status Desired \$8.75 Additional Fee Required				
	0.11	and Address of Curre	nt Begistere	d Agent			7. Name and Address of New Registered Agent					
	6. Name	and Address of Curre	ilit neglatere	a Agen.		Name	-					
COLDCUIT	L DAMD I	 1										
GOLDSMITH, DAVID M 4203 VINELAND ROAD K-4						Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO	FL 32811											
						City			FL	Zip Code		
8. The above the obligation	named entity ons of regist	submits this statemen ered agent.	nt for the purp	ose of changing its	register	ed office or regis	stered age	ent, or both, in the State of Flo	rida. I am fa	umiliar with,	and accept	
SIGNATURE _		or printed name of registered a	oont and title if ann	licable (NOTE	: Registere	d Agent signature requ	uired when rei	instating)	DATE			
FI After	LE NOW!	! FEE IS \$150.00 33 Fee will be \$550.	00 ·					Election Campaign Fin Trust Fund Contribution	_		0 May Be I to Fees	
Make Check	Payable to	Florida Departmen			- I			DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
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12. Lhereby	certify that the	ne information supplied	with this filing	g does not qualify fo	or the ex	emption stated i	in Section	119.07(3)(i), Florida Statutes.	I further ce	rury that the	morniation r or director	

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:

SICULATION NAME OF SIGNING OFFICER OR DIRECTOR

17/63 L

452-843-4225

CR2E