

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90231 047 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # F98000003014</b> 1. Entity Name <b>CCS CONSOLIDATED, INC.</b>			
Principal Place of Business 12301 NW 39TH ST. CORAL SPRINGS, FL 33065-2403		Mailing Address 12301 NW 39TH ST. CORAL SPRINGS, FL 33065-2403	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
4. FEI Number <b>65-0824378</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>UNITED CORPORATE SERVICES, INC.                  9200 SOUTH DADELAND BLVD.                  SUITE 608                  MIAMI, FL 33156-0000</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City State: <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when obtaining)</small>			
FILE NOW!!! FEE IS \$160.00 After May 11, 2003 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WAXMAN, ALBERT 625 AVENUE OF THE AMERICAS NEW YORK, NY 10011	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOLLARD, VIRGINIA M 12301 NW 39TH ST. POMPANO BEACH, FL 330662403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JORDAN S 1 ROCKEFELLER PLAZA STE 920 NY, NY 10020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BACHMAN, NANCY 12301 NW 39TH ST. CORAL SPRINGS, FL 330652403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THANGARAJ, IMMANUEL 190 S. LASALLE ST. STE. 2800 CHICAGO, IL 60603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RISTAU, CHARLES 12301 NW 39TH ST. CORAL SPRINGS, FL 330652403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

11034952



CHECK HERE IF MAKING CHANGES

CR20034 (11/02)