

# 2000 UNIFORM BUSINESS REPORT (UBR)

033411:

DOCUMENT # F98000006943

1. Entity Name

CSC PB-190 LP CORPORATION

FILED

00 MAR 14 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 % CEEBRAID-SIGNAL CORPORATION % CEEBRAID-SIGNAL CORPORATION  
 250 AUSTRALIAN AVE. SOUTH. STE. 1003 250 AUSTRALIAN AVE. SOUTH. STE. 1003  
 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-5014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0882080		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHLESINGER, ADAM 250 AUSTRALIAN AVE. SOUTH, STE. 1003 WEST PALM BEACH FL 33401		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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHLESINGER, ADAM 250 AUSTRALIAN AVE. SOUTH, STE. 1003 WEST PALM BEACH FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003170625-14 -03/15/00--01029--001 ***2078.75 ***150.00
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Adam Schlesinger, Director* DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/99)

KE