


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/6/20

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90174 016 \*\*\*150.00

**DOCUMENT # F98000006943**  
1. Entity Name  
CSC PB-190 LP CORPORATION



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

Mailing Address  
% CEEBRAID-SIGNAL CORPORATION  
250 AUSTRALIAN AVE. SOUTH, STE. 1003  
WEST PALM BEACH, FL 33401

66427124



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0882080 Applied For  
Not Applicable

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

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

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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	
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IN THIS SPACE**

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: *[Signature]* 6/1/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Adam Schlesinger, Pres