2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/6/

FILED
Jun 07, 2004 8:00 am
Secretary of State
05-06-2004 90174 017 ***150.00

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1. Entity Name
CSC PALM BEACH GP CORPORATION

Principal Place of Business	Mailing Address
% CEEBRAID-SIGNAL CORPORATION 250 AUSTRALIAN AVE S., SUITE 1003 WEST PALM BEACH, FL 33401	% CEEBRAID-SIGNAL CORPORATION 250 AUSTRALIAN AVE S., SUITE 1003 WEST PALM BEACH, FL 33401

66427125

04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0900279
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHLESINGER, ADAM
250 AUSTRALIAN AVE S., SUITE 1003
WEST PALM BEACH, FL 33401

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CP
NAME	SCHLESINGER, ADAM
STREET ADDRESS	250 AUSTRALIAN AVE S., SUITE 1003
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VD
NAME	SCHLESINGER, JASON
STREET ADDRESS	250 AUSTRALIAN AVE S., SUITE 1003
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	STD
NAME	WEINSTEIN, RANDY SUE
STREET ADDRESS	250 AUSTRALIAN AVE S., SUITE 1003
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: X _____ 6/01/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Adam Schlesinger, Pres