2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000001288

1. Entity Name

CSC PALM BEACH GP CORPORATION



FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90262 048 ***150.00

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			 	1 1811 1811 5 811 88 11 6 81		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Australian Due								
Suite, Apt. #, etc. Suite, Apt. #, etc.					04102008	Chg-P	CR2E034 (12/06)	
West Palm Beach FL West Palm Beach			each F	ī	4. FEI Numb		 	pplied For ot Applicable
Zip 33409 Country Zip 33409 Coun					5. Certificate	of Status Desired	□ \$8.75 Ad	
	6. Name and Address of Current R			7. Name and Address of New Registered Agent				
SCHLESINGER, ADAM 250 AUSTRALIAN AVE S., SUITE 1003				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
WEST PA	100	1001 001						
		1801	1801 S. Hustralian Ihre					
C					Palm	Beach	FL Zips	409
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								
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND D		11.	1	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	
TITLE NAME	CP SCHLESINGER, ADAM	☐ Delete	TITLE NAME			, , , -	Change	☐ Addition
STREET ADDRESS	250 AUSTRALIAN AVE S., SUITE	1003	STREET ADDRESS	180	1 S. Au	stralian	. Khe	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	Wes	+ Palm	stralian Beach	FL 3340	9
TITLE	VD	Delete	HTLE	_			Change	Addition
NAME STREET ADDRESS	SCHLESINGER, JASON	1002	NAME STREET ADDRESS	180	15 A	straliai	n Ave	_
CITY-ST-ZIP	250 AUSTRALIAN AVE S., SUITE 1003 WEST PALM BEACH, FL 33401							
TITLE	STD	☐ Delete	TITLE	Duc.	31141	nistacy	Change	☐ Addition
NAME	WEINSTEIN, RANDY SUE		NAME	ion	ic - Aug	traliant		
STREET ADDRESS CITY-ST-ZIP	250 AUSTRALIAN AVE S., SUITE 1003			1001	1 00 1	n Beach	77 22	U19
TITLE	WEST PALM BEACH, FL 33401			wes	1 1 acir.	n Deach	PL DD	70
NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		-			
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	,		NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	pertify that the information supplied with the	nis filing does not qualify for		nntained	in Chapter 119	2 Florida Statutas I	further continues that the	information
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 to be overed to becute 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 appearance with a contained to the empowered.								
SIGNATURE:								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Daytime Phone 4								