

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90262 048 \*\*\*150.00

<b>DOCUMENT # F99000001288</b>					
<b>1. Entity Name</b> <b>CSC PALM BEACH GP CORPORATION</b>					
<b>Principal Place of Business</b> % CEEBRAID-SIGNAL CORPORATION 250 AUSTRALIAN AVE S., SUITE 1003 WEST PALM BEACH, FL 33401			<b>Mailing Address</b> % CEEBRAID-SIGNAL CORPORATION 250 AUSTRALIAN AVE S., SUITE 1003 WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business - No P.O. Box #</b> <i>1801 S. Australian Ave</i>		<b>3. Mailing Address</b> <i>1801 S. Australian Ave</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102008    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> <i>West Palm Beach FL</i>		<b>City &amp; State</b> <i>West Palm Beach FL</i>		<b>4. FEI Number</b> 65-0900279	
<b>Zip</b> <i>33409</i>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCHLESINGER, ADAM 250 AUSTRALIAN AVE S., SUITE 1003 WEST PALM BEACH, FL 33401				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <i>1801 S. Australian Ave</i> City <i>West Palm Beach</i> <b>FL</b> Zip Code <i>33409</i>	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP SCHLESINGER, ADAM <input type="checkbox"/> Delete 250 AUSTRALIAN AVE S., SUITE 1003 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1801 S. Australian Ave</i> <i>West Palm Beach FL 33409</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHLESINGER, JASON <input type="checkbox"/> Delete 250 AUSTRALIAN AVE S., SUITE 1003 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1801 S. Australian Ave</i> <i>West Palm Beach FL 33409</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WEINSTEIN, RANDY SUE <input type="checkbox"/> Delete 250 AUSTRALIAN AVE S., SUITE 1003 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1801 S. Australian Ave</i> <i>West Palm Beach FL 33409</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 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 approval, with an officer or trustee empowered.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					