**FILED**
**May 14, 2003 8:00 am**
**Secretary of State**
02-18-2003 90090 041 ***150.00

2/18/2

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55040820

DOCUMENT # G58276

1. Entity Name
CPS COMMUNICATIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % DAVID H. GIDEON<br>7200 WEST CAMINO REAL, SUITE 215<br>BOCA RATON FL 33433 | % DAVID H. GIDEON<br>7200 WEST CAMINO REAL, SUITE 215<br>BOCA RATON FL 33433 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7200 West Camino Real. | 114 West 26th St |
| Suite, Apt. #, etc.: Suite 215 | Suite, Apt. #, etc.: 3rd Floor |
| City & State: Boca Raton Fla | City & State: New York, NY |
| Zip: 33433 Country: USA | Zip: 10001 Country: USA |

4. FEI Number: 59-2321447 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GIDEON, DAVID H.<br>7200 WEST CAMINO REAL<br>SUITE 215<br>BOCA RATON FL 33433 | Name: Suzanne Besse<br>Street Address (P.O. Box Number is Not Acceptable): 7200 West Camino Real<br>Suite 215<br>City: Boca Raton FL Zip Code: 33433 |

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: Suzanne Marie Besse DATE: 2-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GIDEON, DAVID H<br>7200 W CAMINO REAL #215<br>BOCA RATON, FL 00000 | ☒ Delete | STD<br>KIRK, Michael<br>114 West 26th St, 3rd FL<br>New York, NY 10001 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>REYNOLDS, BEVERLY<br>6412 VIA ROSA<br>BOCA RATON FL | ☒ Delete | D<br>KIRK, Lisa<br>114 West 26th St, 3rd FL<br>New York, NY 10001 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PECOUER, WILLIAM<br>220-52ND AVENUE<br>NEW YORK NY 10001 | ☐ Delete | PD<br>PECOVER, William<br>114 West 26th St. 3rd Fl<br>New York, NY 10001 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FREEMAN, BRIAN<br>38-42 HAMPTON ROAD<br>TEDDINGTON, MIDDLESEX, U.K | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E004 (10/02)

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 empowerment.

SIGNATURE: [illegible] RECEIVED DATE: 2-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL