

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H21482

1. Entity Name  
HDC ADVERTISING, INC.

Principal Place of Business  
1901 W CYPRESS CREEK RD., 6TH FLOOR  
FORT LAUDERDALE FL 33309  
US

Mailing Address  
1901 W CYPRESS CREEK RD., 6TH FLOOR  
FORT LAUDERDALE FL 33309  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2553982

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

TOUSIGNANT, NORMAND  
3599 SATIN LEAF CT  
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME COHEN, PHIL  
STREET ADDRESS 23105 VIA STEE 7722 LA MIRADA DR  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HARRIS, STAN  
STREET ADDRESS 11841 N.W. 11TH ST.  
CITY-ST-ZIP PLANTATION FL 33323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TOUSIGNANT, NORMAND  
STREET ADDRESS 3599 SATIN LEAF COURT  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GOLDENBURG, MICHAEL  
STREET ADDRESS 12261 SW 2ND ST  
CITY-ST-ZIP PLANTATION FL 33325

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME CANNON, MICHAEL  
STREET ADDRESS 312 SE 17th AVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAND TOUSIGNANT 1/14/02 954-771-1800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90187 001 \*\*\*\*\*8.75

01-31-2002 90187 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)