2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K16780

FILED Apr 29, 2005 Secretary of State

Entity Name: HECHT COMMUNICATIONS CORPORATION

Current Principal Place of Business:		New Principal Place	of Business:	
- 2245 CR210 WEST #107B JACKSONVILLE, FL 32259 U	JS	·		
Current Mailing Address:		New Mailing Addres	s:	
P.O. BOX 56377 JACKSONVILLE, FL 32241 L	JS			
FEI Number: 59-2872834 FEI Nu	umber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		of New Registered Agent:		
SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 18 JACKSONVILLE, FL 32202 L	300 JS			
The above named entity submits in the State of Florida.	this statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signa	ature of Registered Age	nt	Date	
Election Campaign Financing Trust F	und Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D () Delete Name: HECHT, STUART I., Address: P. O. BOX 56377 N/A City-St-Zip: JACKSONVILLE, FL 323	241	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: PST () Delete Name: HECHT, STUART I., Address: P. O. BOX 56377 N/A City-St-Zip: JACKSONVILLE, FL 32		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART I. HECHT D 04/29/2005