2008 FOR PROFIT CORPORATION

FILED Anr 30, 2008 08:00 AN ate

ANNUAL REPORT			Secretary of St		
DOCUMENT # K74184 1. Entity Name BROAD COMMUNICATIONS, INC.	•			À	secretary of Su
271 NE 95 ST	Mailing Address P.O. BOX 802036 AVENTURA, FL 33280 US			(† 1886) 31031 (1881 1891) BIEL	I DJUNI BJUNI BNOK BNOK BNOK BNOK BNOK BNOK I JUNI
DO NOT WRITE I		CE	04282008 4. FEI Numb 65-010	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROGOVIN, LAWRENCE H. 1799 NE 164TH ST N MIAMI BEACH, FL 33162		DO NOT WRITE IN THIS SPACE			
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 renstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees		
10. OFFICERS AND DIRE 10 PD NAME STREET ADDRESS CITY-SI-ZIP 11 IILE NAME STREET ADDRESS CITY-SI-ZIP 12 PS PD GERRARD, MICHAEL 3971 DOUGLAS RD MIAMI, FL 33133	CTORS			U00000 US/22/08-	0933537 -80100-014 150.00
TIILE NAME STREET ADDRESS CITY-SI-ZIP TIILE NAME STREET ADDRESS CITY-SI-ZIP			-	NOT W THIS SP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			·		

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 inspected 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 a hardress, withall other like empowered

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR C-EARARO

PCE21061 4.22.08 3054957131 Daytime Phone #