

# 2002 UNIFORM BUSINESS REPORT-(UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90215 020 \*\*\*150.00

**DOCUMENT # L54634**

1. Entity Name

**AFFILIATED DISPLAY, INC.**

Principal Place of Business

**632 S HUGHLEY AVE  
ORLANDO FL 32804  
US**

Mailing Address

**632 S HUGHLEY AVE  
ORLANDO FL 32804  
US**

2. Principal Place of Business

3. Mailing Address

**7803 SOUTHLAND BLVD**

**7803 SOUTHLAND BLVD**

(Suite) Apt. #, etc.

(Suite) Apt. #, etc.

**200**

**200**

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

Zip

**32809**

Country

**USA**

Zip

**32809**

Country

**USA**

4. FEI Number

**65-0190187**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEDERMAN, MARTIN  
632 HUGHLEY AVENUE  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

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

**7803 SOUTHLAND**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEDERMAN, MARTIN</b>	
STREET ADDRESS	<b>102 SWEET BAY LANE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEINRUB, LEONARD</b>	
STREET ADDRESS	<b>1819 SIR WINSTON WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**MARTIN LEDERMAN PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/02 407-835-7750**