

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90003 017 ***150.00

DOCUMENT # L64673

1. Entity Name

OMNI-LINGUAL BROADCASTING CORP.



Principal Place of Business

1217 S MILITARY TR
SUITE E
WEST PALM BEACH FL 33415-4600
US

Mailing Address

1217 S MILITARY TR
SUITE E
WEST PALM BEACH FL 33415-4600
US

2. Principal Place of Business - No P.O. Box #

1776 LAKE WORTH RD
Suite, Apt. #, etc.
109

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

LAKE WORTH

City & State

FL

Zip

33460

Country

PALE BEACH

Zip

Country

4. FEI Number

65-0447210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CATLIN, H. JAMES JR., ESQ
C/O CATLIN, SAXON, ET AL
2600 DOUGLAS ROAD - SUITE 1109
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE P
NAME ANTONOFF, EMIL ☐ Delete
STREET ADDRESS 100 BLAIR RD
CITY - ST - ZIP OYSTER BAY NY 11771

TITLE V
NAME MANDL, ELLIOTT ☐ Delete
STREET ADDRESS 7576 TRENT DRIVE
CITY - ST - ZIP TAMARAC FL 33321

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 empowered.

SIGNATURE:

X Markes Pierre Lou
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07 561-641 8882
Date Daytime Phone #