


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M09346 1. Entity Name COMMUNICATIONS & SHOW MANAGEMENT, INC.	
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Principal Place of Business
1450 NE 123RD ST
NORTH MIAMI, FL 33161

Mailing Address
1450 NE 123RD ST
NORTH MIAMI, FL 33161



07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2477488	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHWARTZ, STANLEY J.
1450 N.E. 123RD STREET
NORTH MIAMI, FL 33161

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DP SCHWARTZ, STANLEY J. 1450 N.E. 123RD STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D KEIGHLEY, MICHAEL J. 1450 N.E. 123RD STREET NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	SDT KATZ, HARDY C. 1450 N.E. 123RD STREET NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D MELTZER, JOEL S. 2500 S. DIXIE HIGHWAY MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D GOODMAN, SHEILA 2500 S. DIXIE HIGHWAY MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	

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07/15/04-80006-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04 305-893-8771
Date Daytime Phone #