


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90152 013 ***158.75

DOCUMENT # M28085

1. Entity Name
PUBLISHERS COMMUNICATION SYSTEMS, INC.



Principal Place of Business	Mailing Address
2155 N. ST. RD. 7	2155 N. STATE RD. 7
MARGATE FL 33063	MARGATE FL 33063
US	US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0013045	Applied For
	Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	
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7. Name and Address of New Registered Agent

RUBINCHIK, HARVEY L.	Name
1776 N PINE ISLAND RD. #118	Street Address (if different from name)
PLANTATION FL 33322	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, 2003 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
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11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	P	<input type="checkbox"/> Delete
NAME	STEVENS, WALTER	
STREET ADDRESS	2155 N. STATE RD. 7	
CITY - ST - ZIP	MARGATE FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

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

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

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

TITLE	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY, ST, ZIP	

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

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

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

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

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:

~~CONFIDENTIAL~~ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

Date _____ Daytime Phone # _____

CR2E034 (10/02)