## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N98000005907

Entity Name: GSD COMMUNICATION, INC.

Apr 07, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6351 NW 58TTH WAY 6351 NW 58TH WAY PARKLAND, FL 33067 PARKLAND, FL 33067 **Current Mailing Address: New Mailing Address:** 6351 NW 58TTH WAY PARKLAND, FL 33067 FEI Number: 65-0748159 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLANT, MARGERY E 6351 NW 58TH WAY PARKLAND, FL 33067 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete GOLANT, MARGERY GOLANT, MARGERY Name: Name: 10020 MC NAB ROAD Address: 6351 NW 58TH WAY Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: PARKLAND, FL 33321 Title: ( ) Delete Title: () Change () Addition Name: BACHMAN, ZOE Name: Address: 7231 BAUSCH ROAD Address: City-St-Zip: NEW TRIPOLI, PA 18066 City-St-Zip: Title: () Delete Title: () Change () Addition LANGLITZ, THOMAS Name: Name: Address: 59953 ST RD 159 Address: City-St-Zip: NEW ATHENS, IL 62264 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GALAMBOS, PATRICIA Name: Name: Address: 790 COCHISE STREET Address: City-St-Zip: HOFFMAN ESTATES, IL 60194 City-St-Zip: Title: (X) Delete Title: () Change () Addition CUNNINGHAM, LISSA Name: Name: 3985 PASO DE LAGOS Address: Address: City-St-Zip: BONSALL, CA 92003 City-St-Zip: Title: (X) Delete Title: () Change () Addition MCGUIRE, BARBARA Name: Name: Address: 90035 POWERLANE Address: ELMIRA, OR 97437 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGERY E. GOLANT D 04/07/2002