

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005907

FILED
Jun 02, 2005
Secretary of State

Entity Name: GSD COMMUNICATION, INC.

Current Principal Place of Business:

6351 NW 58TH WAY
PARKLAND, FL 33067

New Principal Place of Business:

Current Mailing Address:

6351 NW 58TTH WAY
PARKLAND, FL 33067

New Mailing Address:

FEI Number: 65-0748159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOLANT, MARGERY E
6351 NW 58TH WAY
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: GOLANT, MARGERY E
Address: 6351 NW 58TH WAY
City-St-Zip: PARKLAND, FL 33321

Title: D () Delete
Name: BACHMAN, ZOE M
Address: 7231 BAUSCH ROAD
City-St-Zip: NEW TRIPOLI, PA 18066

Title: D () Delete
Name: LANGLITZ, THOMAS
Address: 59953 STATE RT. 159
City-St-Zip: NEW ATHENS, IL 62264

Title: D (X) Delete
Name: KARLOFF, DANIA M
Address: 2136 MT. PLEASANT RD.
City-St-Zip: CHESAPEAKE, VA 23322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

06/02/2005

Electronic Signature of Signing Officer or Director

Date