


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90069 033 ***150.00

DOCUMENT # <u>N98000005907</u>	
1. Entity Name <u>GSD COMMUNICATION, INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>6351 NW 58th Way</u>	3. Mailing Address <u>SAME</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>PARKLAND, FL</u>	City & State	4. FEI Number <u>650748159</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33067</u>	County <u>BRAVARD</u>	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARGERY E. GRANT
Street Address (P.O. Box Number is Not Acceptable)
6351 NW 58th Way
City PARKLAND FL Zip Code 33067

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>MARGERY E. GRANT</u> <u>6351 NW 58th Way</u> <u>PARKLAND, FL 33067</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>20E. BACHMAN</u> <u>7231 BAUSCH RD</u> <u>NEWTRIPOLI, PA 18064</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>THOMAS LANSLITZ</u> <u>59953 ST. RD. 159</u> <u>NEW ATHENS, IL 62264</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>PATRICIA GOLAMBOUS</u> <u>10 COCLISE ST</u> <u>HOFFMAN ESTATES, IL 60141</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

MARGERY E. GRANT 4/24/03 854 821-1988

CR2E034B (12/02)