


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90400 028 \*\*\*150.00

<b>DOCUMENT # P00000051136</b>	
1. Entity Name <b>BROADBAND COMMUNICATIONS CORPORATION</b>	

Principal Place of Business <b>2424 N CONGRESS AVE STE M WEST PALM BEACH FL 33409</b>	Mailing Address <b>2424 N CONGRESS AVE STE M WEST PALM BEACH FL 33409</b>
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94070100



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>1784 N. Congress Ave</b>	3. Mailing Address <b>Same as principal</b>
Suite, Apt. #, etc. <b>Suite 100 PMB A304</b>	Suite, Apt. #, etc.
City & State <b>West Palm Beach FL</b>	City & State
Zip <b>33409</b>	Country <b>USA</b>

4. FEI Number <b>65-1010247</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RICH, JOE 2424 N CONGRESS AVE STE M WEST PALM BEACH FL 33409</b>	
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7. Name and Address of New Registered Agent	
Name <b>RICH, JOE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1784 N. CONGRESS AVE</b>	
<b>Suite 100 PMB A304</b>	
City <b>West Palm Beach</b>	FL Zip Code <b>33409</b>

I, 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 *Joe Rich* DATE 4/9/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICH, JOE 2424 N CONGRESS AVE STE M WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICH, JOE 1784 N. Congress Ave Suite 100 A304 West Palm Beach FL 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Joe Rich* DATE 4/12/04 DAYTIME PHONE # 561 478 1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR