

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000022403	
1. Entity Name SOUTHERN COMMUNICATION SYSTEM INC	

Principal Place of Business 52-09 N DIXIE HWY STE C-2 FT LAUDERDALE, FL 33334	Mailing Address 52-09 N DIXIE HWY STE C-2 FT LAUDERDALE, FL 33334
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

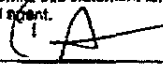
4. FEI Number 65-1091034	Applied For ☐ Not Applicable
6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**APONTE, DUANE
52-67 N DIXIE HWY STE C-2
FT LAUDERDALE, FL 33334**

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9. 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:  DATE: 04/20/05

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

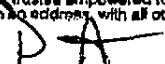
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Section Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000323933 04/22/05-80071-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP APONTE, DUANE 52-67 N DIXIE HWY STE C-2 FT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO APONTE, DUANE 52-67 N DIXIE HWY STE C-2 FT LAUDERDALE, FL 33334
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 118.07(3)(f), 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:  DATE: 04/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SPOKES OFFICER OR DIRECTOR