

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90014 002 \*\*\*150.00

**DOCUMENT # P01000027996**

1. Entity Name  
**JRS COMMUNICATIONS, INC.**

Principal Place of Business  
**PRESIDENTIAL CIR. STE 345 S.  
 4000 HOLLYWOOD BLVD  
 HOLLYWOOD FL 33021**

Mailing Address  
**PRESIDENTIAL CIR. STE 345 S.  
 4000 HOLLYWOOD BLVD  
 HOLLYWOOD FL 33021**



2. Principal Place of Business  
**4000 Hollywood Blvd**

3. Mailing Address  
**4000 Hollywood Blvd**

Suite, Apt. #, etc.  
**Ste. 400 No.**

Suite, Apt. #, etc.  
**Ste. 400 No**

City & State  
**Hollywood**

City & State  
**Hollywood**

4. FEI Number  
**105-1088760**

Applied For  
☐ Not Applicable

Zip  
**FL**

Country  
**USA**

Zip  
**FL**

Country  
**USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**COHEN, MARK D ESQ  
 PRESIDENTIAL CIR, STE 345 S.  
 4000 HOLLYWOOD BLVD  
 HOLLYWOOD FL 33021**

## 7. Name and Address of New Registered Agent

Name  
**Cohen, MARK D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4000 Hollywood Blvd.**  
**Ste. 400 No.**  
 City  
**Hollywood** FL Zip Code  
**33021**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE  
**D**  
 NAME  
**COHEN, MARK D ESQ**  
 STREET ADDRESS  
**PRESIDENTIAL CIR, STE 345 S. 4000 HOLLYWOOD**  
 CITY-ST-ZIP  
**HOLLYWOOD FL 33021**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Cohen, MARK D**  
**4000 Hollywood Blvd., Ste. 400 No.**  
**Hollywood, FL 33021**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)