


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90114 033 ***158.75

DOCUMENT # P01000057469 1. Entity Name RECHANNEL COMMUNICATIONS, INC.					
Principal Place of Business 2525 SW 27TH AVE #200 MIAMI, FL 33133			Mailing Address 2525 SW 27TH AVE #200 MIAMI, FL 33133		
2. Principal Place of Business ONE PARK PLACE Suite, Apt. #, etc. #450		3. Mailing Address ONE PARK PLACE Suite, Apt. #, etc. #450			
City & State BOCA RATON FL		City & State BOCA RATON FL			
Zip 33487		Country US		4. FEI Number 65-1111532	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent ADAIR, ADELAIDA 2155 SW 100 AVE MIAMI, FL 33165					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME FELLMAN, JOEL STREET ADDRESS 3545 VISTA CT. CITY-ST-ZIP COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Delete		TITLE CEO NAME STUART SIEGEL STREET ADDRESS ONE PARK PLACE #450 CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VSTD NAME KALL, ROBERT STREET ADDRESS 1310 DAYTONIA RD. CITY-ST-ZIP MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete		TITLE VP NAME DAVID MEYER STREET ADDRESS ONE PARK PLACE #450 CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME SHAPIRO, BRIAN S STREET ADDRESS 333 ARAGON AVE #802 CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE CFO NAME EDWARD R SMITH STREET ADDRESS ONE PARK PLACE #450 CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: <u>EDWARD R SMITH CFO 4/14/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

531-981-9722