

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92202 011 \*\*\*158.75

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**DOCUMENT # P02000010310**

1. Entity Name  
**BROAD MARKETING SERVICES INC.**



Principal Place of Business  
**5036 WATERVISTA DR.  
ORLANDO FL 32821**

Mailing Address  
**5036 WATERVISTA DR.  
ORLANDO FL 32821**

2. Principal Place of Business  
**13929 TALLOWRIDGE CT**

3. Mailing Address  
**13929 TALLOWRIDGE CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number

Applied For  
☒ Not Applicable

Zip Country  
**32837 ORANGE**

Zip Country  
**32837 ORANGE**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAYAN, OSAMA  
5036 WATERVISTA DR.  
ORLANDO, FL 32821**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
OSAMA, RAYAN  
5036 WATERVISTA DR.  
ORLANDO FL 32821** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OSAMA, RAYAN  
13929 TALLOWRIDGE CT  
ORLANDO, FL 32837** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
NOUBANI, WALEED  
5036 WATERVISTA DR.  
ORLANDO FL 32821** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ 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:

**SIGNATURE OF OSAMA RAYAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03**

Date

**(407) 345-4760**

Daytime Phone #

CR2E034 (10/02)