



FILED
Jan 15, 2008 8:00 am
Secretary of State

40004194

DOCUMENT # P02000077303		01-15-2008 90039 031 ***158.75	
1. Entity Name 1943 CORPORATION			
Principal Place of Business 10800 NW 97TH STREET SUITE 103 MIAMI, FL 33178		Mailing Address 10800 NW 97TH STREET SUITE 103 MIAMI, FL 33178	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		40004194	
			
		01072008 Chg-P CR2E034 (12/06)	
		4. FEI Number 76-0708622 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLINER, DONALD J 10800 NW 97TH STREET SUITE 103 MIAMI, FL 33178		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PRES	TITLE	CFO
NAME	PLINER, DONALD J <input type="checkbox"/> Delete	NAME	TEPER, THOMAS <input checked="" type="checkbox"/> Addition
STREET ADDRESS	29 STAR ISLAND DRIVE	STREET ADDRESS	10800 NE 97th Street; Suite 103
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	MIAMI, FLORIDA 33178
TITLE	CEO	TITLE	
NAME	EHRENBERG, ROXANEE <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	745 BROADWAY, 25TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10151	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Thomas Teper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/7/08 Daytime Phone #: (786) 539-1810	