

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90035 009 ***150.00

DOCUMENT # P03000029233

1. Entity Name

NAPLES SYNDICATIONS, INC.



Principal Place of Business

800 EAST OAKLAND PARK BLVD.
SUITE 100
FORT LAUDERDALE, FLORIDA 33311
US

Mailing Address

800 EAST OAKLAND PARK BLVD.
SUITE 100
FORT LAUDERDALE, FLORIDA 33311
US

2. Principal Place of Business

540 MYRTLE AVE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 430

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

PLAINVIEW NY

Zip

34108

Country

USA

Zip

11803

Country

USA

4. FEI Number

57-1164103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

SIMRING, ELLIS S
800 WEST OAKLAND PARK BLVD.
SUITE 100
FORT LAUDERDALE, FLORIDA FL 33311

7. Name and Address of New Registered Agent

Name LINDA SINGER

Street Address (P.O. Box Number is Not Acceptable)
540 MYRTLE ROAD

City

NAPLES

FL

Zip Code

34108

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

Linda Singer

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

(NOTE: Registered Agent signature required when reinstating)

3/8/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE PRESIDENT
NAME LINDA SINGER
STREET ADDRESS 540 MYRTLE ROAD
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME LINDA SINGER
STREET ADDRESS 540 MYRTLE RD
CITY-ST-ZIP NAPLES FL 34108 ☐ Change ☒ Addition

TITLE VPRES
NAME JESSE SINGER
STREET ADDRESS 540 MYRTLE RD
CITY-ST-ZIP NAPLES FL 34108 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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: *Linda Singer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04 2395960850
Date Daytime Phone #