
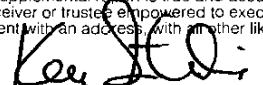


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90005 016 \*\*\*150.00

|   |                                 |  |   |   |                 |
|---|---------------------------------|--|---|---|-----------------|
| <b>DOCUMENT # P03000117265</b><br>1. Entity Name<br><b>COMMUNICATION DISCOUNT BROKERS, INC.</b>   |                                 |  |   |  |                 |
| Principal Place of Business<br><b>10795 BARQUE COURT<br/>BOCA RATON, FL 33498</b>   |                                 |  | Mailing Address<br><b>10795 BARQUE COURT<br/>BOCA RATON, FL 33498</b>   |   |                 |
| 2. Principal Place of Business  |                                 | 3. Mailing Address   |   |   |                 |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.  |   |   |                 |
| City & State  |                                 | City & State   |   |   |                 |
| Zip   |                                 | Country  |   | Zip   |                 |
|   |                                 |  |   | Country   |                 |
| 4. FEI Number<br><div style="font-size: 1.5em; font-family: cursive;">03-0537140</div>  |                                 |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |                 |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                 |  |   | \$8.75 Additional Fee Required  |                 |
| 6. Name and Address of Current Registered Agent<br><br><b>UCC FILING &amp; SEARCH SERVICES, INC.<br/>526 EAST PARK AVENUE<br/>TALLAHASSEE, FL 32301</b>   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |   |                 |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |                                 |  |   |   |                 |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>   |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |                 |
| 10. OFFICERS AND DIRECTORS  |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |                 |
| TITLE   | PD                              | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| NAME  | <b>EASTON, MICHAEL</b>          |  | NAME  |   |                 |
| STREET ADDRESS  | <b>4714 BISON STREET</b>        |  | STREET ADDRESS  |   |                 |
| CITY-ST-ZIP   | <b>BOCA RATON, FL 33428</b>     |  | CITY-ST-ZIP   |   |                 |
| TITLE   | VPD                             | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| NAME  | <b>STREICH, KEN</b>             |  | NAME  |   |                 |
| STREET ADDRESS  | <b>10795 BARQUE COURT</b>       |  | STREET ADDRESS  |   |                 |
| CITY-ST-ZIP   | <b>BOCA RATON, FL 33498</b>     |  | CITY-ST-ZIP   |   |                 |
| TITLE   | SD                              | <input checked="" type="checkbox"/> Delete                                       | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| NAME  | <b>HORWITZ, JOEL</b>            |  | NAME  |   |                 |
| STREET ADDRESS  | <b>10608 AVENIDA SANTA ANA</b>  |  | STREET ADDRESS  |   |                 |
| CITY-ST-ZIP   | <b>BOCA RATON, FL 33498</b>     |  | CITY-ST-ZIP   |   |                 |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| NAME  |                                 |  | NAME  |   |                 |
| STREET ADDRESS  |                                 |  | STREET ADDRESS  |   |                 |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP   |   |                 |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| NAME  |                                 |  | NAME  |   |                 |
| STREET ADDRESS  |                                 |  | STREET ADDRESS  |   |                 |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP   |   |                 |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| 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 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 another like empowered. |                                 |  |   |   |                 |
| <b>SIGNATURE:</b>    |                                 |  |   |   |                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                 |  | Date  |   | Daytime Phone # |

**54056085**



03142003 Chg-P CR2E034 (10/03)

Attachment

57057085-  
P03000117265

To Whom It May Concern:

As per my phone conversation with one of your staff we did not receive any correspondence regarding the annual report. We found out about the filing from our accountant just the other day after the due date. Please accept the following check and completed annual report and abate the additional penalty.

Thank you in advance.

Kee Sha