

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154571

FILED
Jul 01, 2004
Secretary of State

Entity Name: SARNOFF COMMUNICATIONS, INC.

Current Principal Place of Business:

600 GRAPETREE DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

600 GRAPETREE DR
11CS
KEY BISCAYNE, FL 33149

Current Mailing Address:

600 GRAPETREE DR
KEY BISCAYNE, FL 33149

New Mailing Address:

600 GRAPETREE DR
11CS
KEY BISCAYNE, FL 33149

FEI Number: 65-0332456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UCC FILING & SEARCH SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SARNOFF, CONCHITA
600 GRAPETREE DRIVE
11CS
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: CONCHITA SARNOFF

07/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SARNOFF, CONCHITA
Address: 600 GRAPETREE DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: SARNOFF, CRISTINA
Address: 600 GRAPETREE DR
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONCHITA SARNOFF

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07/01/2004

Electronic Signature of Signing Officer or Director

Date