

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90240 001 ***150.00

DOCUMENT # P04000099941

1. Entity Name
BULLZEYE COMMUNICATIONS, INC



Principal Place of Business
**855 SOUTH FEDERAL HIGHWAY
210
BOCA RATON, FL 33432**

Mailing Address
**855 SOUTH FEDERAL HIGHWAY
210
BOCA RATON, FL 33432**

14008000

2. Principal Place of Business
**5030 CHAMPION BVD
Suite, Apt. #, etc.
SUITE G6-236**

3. Mailing Address
**5030 CHAMPION BVD
Suite, Apt. #, etc.
SUITE G6-236**

04272005 Chg-P CR2E034 (10/03)

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number
20-1319761

Applied For
Not Applicable

Zip Country
33496 USA

Zip Country
33496 USA

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

**SPORN, LILIA B
855 SOUTH FEDERAL HIGHWAY
210
BOCA RATON, FL 33432**

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

Lilia B Sporn

4/27/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS *new address*
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR SPORN, LILIA B 5030 CHAMPION BVD, SUITE G6-236 BOCA RATON FL 33496 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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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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:

Lilia B Sporn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Date

5619970800

Daytime Phone #