

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000149462**

1. Entity Name  
**ARNOLD S. KATZ CORPORATION**



Principal Place of Business  
**430 GRAND BAY DRIVE  
KEY BISCAVNE, FL 33149**

Mailing Address  
**P.O. BOX 949  
180 MIDDLESEX STREET  
NORTH CHELMSFORD, MA 01863**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**04-2387314**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ROBERTS, NORMAN T ESQ  
C/O NORMAN T. ROBERTS, P.A.  
50 N WEST MASHTA DRIVE STE 4  
KEY BISCAVNE, FL 33149**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
-Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
KATZ, ERIC S  
P.O. BOX 949  
NORTH CHELMSFORD, MA 01863**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
KATZ, JOANNE R  
430 GRAND BAY DRIVE  
KEY BISCAVNE, FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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:**

*Eric S. Katz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**1/15/08**  
Date

**978-251-8761**  
Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

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