


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State


05-06-2005 90086 008 ***150.00

DOCUMENT # P04000158521	
1. Entity Name NYC COMMUNICATIONS INC,	

Principal Place of Business 4060 NORTH DIXIE HIGHWAY BOCA RATON, FL 33431 US	Mailing Address 4060 NORTH DIXIE HIGHWAY BOCA RATON, FL 33431 US
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2. Principal Place of Business 4060 N. DIXIE Highway	3. Mailing Address 4060 N. DIXIE Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33431	Country US

	
04272005	Chg-P CR2E034 (10/03)
4. FEI Number 02-0733580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STURZA, JEFFREY A 11789 ST. ANDREWS PLACE #104 WELLINGTON, FL 33414	
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7. Name and Address of New Registered Agent Name BOCA SAME NAME Street Address (P.O. Box Number is Not Acceptable) 4060 N. DIXIE Highway City BOCA RATON FL Zip Code 33431	
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 _____	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STURZA, JEFFREY A 11789 ST. ANDREWS PLACE #104 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4060 N. DIXIE Highway BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURZA, JEFFREY A 11789 ST. ANDREWS PLACE #104 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4060 N. DIXIE Highway BOCA RATON FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jeffrey A. Sturza</u>	Date: <u>04-27-05</u> Daytime Phone #: <u>561-368-0100</u>