

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90011 008 ***150.00

DOCUMENT # P05000007804

1. Entity Name
MEMORY LANE SYNDICATION, INC.



Principal Place of Business
**5100 W. COPANS RD
SUITE 710
MARGATE, FL 33063**

Mailing Address
**5100 W. COPANS RD
SUITE 710
MARGATE, FL 33063**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082008 Chg-P CR2E034 (12/06)

4. FEI Number

20-2174014

Applied For

Not Applicable

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

**BERNS, MARTIN A
5100 W. COPANS RD
SUITE 710
MARGATE, FL 33063**

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

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
BERNS, MARTIN A
5100 W. COANS RD, SUITE 710
MARGATE, FL 33063** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
ROBERT F. HUSSEY
5100 W. COPANS RD, SUITE 710
MARGATE, FL 33063** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAI
BERNS, EUGENE H
5100 W. COPANS RD, SUITE 710
MARGATE, FL 33063** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
BRENT GEMHART
5100 W. COPANS RD, SUITE 710
MARGATE, FL 33063** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECY
BIAL, IVAN
5100 W. COPANS RD, SUITE 710
MARGATE, FL 33063** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
BRUCE L. HOLLANDER
5100 W. COPANS RD SUITE 710
MARGATE, FL 33063** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
DYAS, JAMES M
33 E CAMINO REAL, # 232
BOCA RATON, FL 33432** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
ALFRED FERNANDEZ
5100 W. COPANS RD SUITE 710
MARGATE, FL 33063** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
HILL, THOMAS C
10258 VESTRAL MANOR
CORAL SPRINGS, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
ALFRED FERNANDEZ
5100 W. COPANS RD SUITE 710
MARGATE, FL 33063** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
LIPMAN, LAWRENCE
4950 SOUTH YOSEMITE
GREENWOOD VILLAGE, CO 80111** ☒ Delete

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 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:

[Signature] CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/08 954-994-5818 x205
Date Daytime Phone #