

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 FEB 28 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02282008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000084703

1. Entity Name  
MSZ MEDIA SERVICES ZSCHAU, INC.



Principal Place of Business  
426 NORTHEAST 13TH AVE  
FORT LAUDERDALE, FL 33301

Mailing Address  
426 NORTHEAST 13TH AVE  
FORT LAUDERDALE, FL 33301

2. Principal Place of Business - No P.O. Box #  
2014 NE 19th St  
Suite, Apt. #, etc.  
#3

3. Mailing Address  
2014 NE 19th St  
Suite, Apt. #, etc.  
#3

City & State  
Fort Lauderdale, FL  
Zip  
33305

City & State  
Fort Lauderdale, FL  
Zip  
33305

4. FEI Number  
75-3249277

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
POHL, FRANL  
426 NORTHEAST 13TH AVE  
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent  
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  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZSCHAU, W. HENRY DR 426 NORTHEAST 13TH AVE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZSCHAU, W. Henry Dr 2014 NE 19th St. #3 Fort Lauderdale, FL 33305 <input checked="" 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	VP Dennis Aslan 2014 NE 19th St #3 Fort Lauderdale, FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400119549364 03/06/08--01016--005 **150.00 <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 checked="" type="checkbox"/> Addition
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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

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 or without other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/08  
Date Daytime Phone #