2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90190 045 ***158.75

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1. Entity Name
SAMUELS COMMUNICATIONS ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
~~3511 W COMMERCIAL BLVD~~ ~~N. LAUDERDALE, FL 33309~~	3511 W COMMERCIAL BLVD N. LAUDERDALE, FL 33309

04122008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3800 W. Broward Blvd			
Suite, Apt. #, etc. 108		Suite, Apt. #, etc.	
City & State PLANTATION, FL		City & State	
Zip 33312	Country	Zip	Country

4. FEI Number 32-0222420 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REID, SHARON A
3511 W COMMERCIAL BLVD
N. LAUDERDALE, FL 33309

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~~	~~P~~	☐ Delete	TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	SAMUELS, OLIVER		NAME		
STREET ADDRESS	1388 GREENBRIDGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	LITHONIA, GA 30058		CITY-ST-ZIP		
~~TITLE~~	~~V~~	☐ Delete	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	REID, SHARON A		NAME		
STREET ADDRESS	3511 W COMMERCIAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	N. LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] 4/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #