

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P28540

FILED  
Apr 24, 2002 8:00 AM  
Secretary of State

Entity Name: GRANT COMMUNICATIONS INC.

## Current Principal Place of Business:

915 MIDDLE RIVER DRIVE, SUITE 409  
FT. LAUDERDALE, FL 33304

## New Principal Place of Business:

## Current Mailing Address:

915 MIDDLE RIVER DRIVE, SUITE 409  
FT. LAUDERDALE, FL 33304

## New Mailing Address:

FEI Number: 65-0040045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOWE, WILLIAM  
915 MIDDLE RIVER DRIVE, SUITE 409  
FT. LAUDERDALE, FL 33304 US

## Name and Address of New Registered Agent:

KLEIN, BENJAMIN L MR.  
915 MIDDLE RIVER DRIVE, SUITE 409  
FT. LAUDERDALE, FL 33304 US

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.

SIGNATURE: BENJAMIN L. KLEIN

04/24/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GRANT, MILTON,  
Address: 915 MIDDLE RIVER DR.,409  
City-St-Zip: FT. LAUDERDALE, FL

Title: VS ( ) Delete  
Name: TOWE, WILLIAM,  
Address: 3500 GAUT OCEAN DR #1017  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T ( ) Delete  
Name: CALLAHAN, CAROL,  
Address: 915 MIDDLE RIVER DR.,409  
City-St-Zip: FT. LAUDERDALE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VS (X) Change ( ) Addition  
Name: KLEIN, BENJAMIN,  
Address: 3694 NEWPORT AVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN L KLEIN

AS

04/24/2002

Electronic Signature of Signing Officer or Director

Date