2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# P93000087704

Entity Name: COMMUNICATION STATIONS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

8220 STATE ROAD 84
SUITE 301
DAVIE, FL 33324 US

New Principal Place of Business:

376 ANSIN BLVD
HALLANDALE, FL 33009 US

Current Mailing Address:

8220 STATE RD 84
SUITE 301
DAVIE, FL 33324 US

New Mailing Address:

376 ANSIN BLVD
HALLANDALE, FL 33009 US

FEI Number: 65-0456266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REY, FERNANDO
8220 STATE RD 84
SUITE 301
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

REY, FERNANDO
376 ANSIN BLVD
HALLANDALE, FL 33009 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: FERNANDO REY 03/12/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RASH, JACKSON D
Address: 508 NW 103 AVE.
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Delete
Name: REY, FERNANDO
Address: 508 NE 21 AVE.
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP ( ) Delete
Name: HEFFLEY, ALBERT
Address: 2166 NW 99 WAY
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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: JACKSON DEL RASH PD 03/12/2007
Electronic Signature of Signing Officer or Director Date