## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P9400000314

Entity Name: COMMUNICATION STATIONS OF DBM, INC.

( ) Delete

FORT LAUDERDALE, FL 33308

Title:

Name:

Address: City-St-Zip: VΡ

FERNANDO, REY

5800 NE 21 AVE.

FILED Mar 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8220 STATE RD 84 376 ANSIN BLVD HALLANDALE, FL 33009 US STE 301 DAVIE, FL 33324 **Current Mailing Address: New Mailing Address:** 8220 STATE RD 84 376 ANSIN BLVD SUITE 301 HALLANDALE, FL 33009 US DAVIE, FL 33324 US FEI Number: 65-0458166 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FERNANDO REY FERNANDO REY **8220 STATE ROAD 84** 376 ANSIN BLVD HALLANDALE, FL 33009 US SUITE 301 DAVIE, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DEL RASH, JACKSON Name: Name: 508 NW 103 AVE. Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: HEFFLEY, ALBERT Name: 2166 NW 99 WAY Address: Address: CORAL SPRINGS, FL 33071 City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JACKSON DEL RASH P 03/12/2007

() Change () Addition