


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000008230
 1. Entity Name
 CEEBRAID-SIGNAL LB CORPORATION



Principal Place of Business Mailing Address
 250 AUSTRALIAN AVE. 250 AUSTRALIAN AVE.
 10TH FLOOR, SUITE 1003 10TH FLOOR, SUITE 1003
 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3194728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHLESINGER, RICHARD
 250 AUSTRALIAN AVE.
 10TH FLOOR, SUITE 1003
 WEST PALM BEACH, FL 33401

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCHLESINGER, JASON R 83 MORGAN STREET STAMFORD, CT 06905
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CAFARELLA, EDWARD 330 MADISON AVENUE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCHLESINGER, LESLIE 801 S. COUNTY RD. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 05/05/04-80044-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jason Schlesinger, Director