

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008234

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: CEEBRAID-SIGNAL YUFF CORPORATION

## Current Principal Place of Business:

1801 S. AUSTRALIAN AVE  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

## Current Mailing Address:

1801 S. AUSTRALIAN AVE  
WEST PALM BEACH, FL 33409

## New Mailing Address:

FEI Number: 11-3194726      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHLESINGER, RICHARD  
1801 S. AUSTRALIAN AVE  
WEST PALM BEACH, FL 33409      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: SCHLESINGER, JASON R  
Address: 112 HOYT ST.  
City-St-Zip: STAMFORD, CT 06905

Title: D      ( ) Delete  
Name: CAFARELLA, EDWARD  
Address: 330 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: D      ( ) Delete  
Name: SCHLESINGER, LESLIE  
Address: 801 S. COUNTY RD.  
City-St-Zip: PALM BEACH, FL 33480

## 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 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: MELANIE SLINEY

AGNT

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date