

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90964 027 ***150.00

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DOCUMENT # P94000026983

1. Entity Name
INTERACT PRIVATE CABLE CORPORATION



Principal Place of Business
**5920 S.W. 33RD AVENUE
FORT LAUDERDALE FL 33312**

Mailing Address
**C/O CG ACCOUNTING CORP.
4101 RAVENSWOOD ROAD, SUITE 111
FT LAUDERDALE FL 33312**

2. Principal Place of Business

2700 W. Atlantic Blvd.

3. Mailing Address

SAME AS PLACE 4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100A

City & State

Pompano Beach, FL

City & State

Zip

33069

Country

Barbados

Zip

Country

4. FEI Number

65-0480052

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARATZ, LISA
5920 S.W. 33RD AVENUE
FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BARATZ, PHIL**
STREET ADDRESS **5920 S.W. 33RD AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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)(i), 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, or all other like employment.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Baratz

4/21/03

954-564-7500

Date

Daytime Phone #

CR2E034 (10/02)