

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90042 027 \*\*\*150.00

**DOCUMENT # P94000064233**

1. Entity Name  
**PRESSMAN COMMUNICATIONS, INC.**



Principal Place of Business  
**4400 N. FEDERAL HIGHWAY  
SUITE 210  
BOCA RATON, FL 33431**

Mailing Address  
**1800 BYBERRY RD  
SUITE 1100  
HUNTINGDON VALLEY, PA 19006-3523**

**54003774**



2. Principal Place of Business  
**3500 NW Boca Raton Blvd**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 617**

Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

City & State

01262004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0515621**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Country Zip Country  
**33431 USA Palm USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRESSMAN, SCOTT**  
**3400 NE BOCA RATON BLVD, STE 617**  
**BOCA RATON, FL 33431**

Address change:  
**3500 NW Boca Raton Blvd**  
**Suite 617**  
**Boca Raton, FL 33431**

Name  
**SCOTT PRESSMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**3500 NW Boca Raton Blvd**

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 Scott Pressman DATE 1/26/04

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 |                       |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                   |
|----------------------------|-----------------------|---------------------------------|---|--|-----------------------------------|
| TITLE                      | P                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       | PRESSMAN, STEVEN      |                                 | NAME  |  |                                   |
| STREET ADDRESS             | 219 HILLTOP DR        |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP                | CHURCHVILLE, PA 18966 |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE                      | S                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       | CIOCCA, MICHELANGELO  |                                 | NAME  |  |                                   |
| STREET ADDRESS             | 12 BRENDAN CT         |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP                | HOLLAND, PA 18966     |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE                      | T                     | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | SMITH, ROWLAND M III  |                                 | NAME  | Smith, Rowland m III                       |                                   |
| STREET ADDRESS             | 86 VERMEER DR         |                                 | STREET ADDRESS  | 57 Hemlock Drive                           |                                   |
| CITY-ST-ZIP                | LANGHORNE, PA 19053   |                                 | CITY-ST-ZIP   | Holland, PA 18966                          |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |  |                                   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |  |                                   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP   |  |                                   |

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, with all other like empowered.

SIGNATURE: Rowland M. Smith III Rowland M. Smith III 1/26/04 215-947-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone # X218