

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 046 ***150.00

DOCUMENT # P94000064400

1. Entity Name
U.S. SITE CORPORATION



Principal Place of Business
**500 E. BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE, FL 33394**

Mailing Address
**500 E. BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE, FL 33394**

40105500



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0542512

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOYLE, CONRAD J
500 EAST BROWARD BLV.
SUITE 1950
FORT LAUDERDALE, FL 33394**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHULLMAN, JOHN
STREET ADDRESS	500 E. BROWARD BLVD. SUITE 1950
CITY-ST-ZIP	FT. LAUDERDALE, FL 33394
TITLE	VP
NAME	SHULLMAN, RICHARD
STREET ADDRESS	500 E. BROWARD BLVD. SUITE 1950
CITY-ST-ZIP	FT. LAUDERDALE, FL 33394
TITLE	ST
NAME	SHULLMAN, MICHAEL
STREET ADDRESS	500 E. BROWARD BLVD. SUITE 1950
CITY-ST-ZIP	FT. LAUDERDALE, FL 33394
TITLE	D
NAME	SHULLMAN, JOHN
STREET ADDRESS	500 E BROWARD BLVD STE 1950
CITY-ST-ZIP	FT LAUDERDALE, FL 33394
TITLE	D
NAME	SHULLMAN, RICHARD
STREET ADDRESS	500 E BROWARD BLVD STE 1950
CITY-ST-ZIP	FT LAUDERDALE, FL 33394
TITLE	D
NAME	SHULLMAN, MICHAEL
STREET ADDRESS	500 E BROWARD BLVD STE 1950
CITY-ST-ZIP	FT LAUDERDALE, FL 33394

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

888-428-7200

Daytime Phone #