

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044306

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: TELEPHONE ON HOLD COMMERCIALS, INC.

## Current Principal Place of Business:

6047 KIMBERLYR BLVD  
SUITE Q  
N. LAUDERDALE, FL 33068

## New Principal Place of Business:

20000 BANKS ROAD  
SUITE 204  
MARGATE, FL 33063

## Current Mailing Address:

6047 KIMBERLYR BLVD  
SUITE Q  
N. LAUDERDALE, FL 33068

## New Mailing Address:

2000 BANKS ROAD  
SUITE 204  
MARGATE, FL 33063

FEI Number: 65-0587998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PSTD ( ) Delete  
Name: KING, DIANE  
Address: 3842 NW 62ND ST  
City-St-Zip: COCONUT CREEK, FL 33073

Title: STD ( ) Delete  
Name: KING, DIANE  
Address: 3842 NW 62ND STREET  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: CLARK, CHRISTINE  
Address: 3842 NW 62ND STREET  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: LIGHTMAN, RUTH  
Address: 3842 NW 62ND STREET  
City-St-Zip: COCONUT CREEK, FL 33073

## 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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIANE KING

PSTD

04/29/2005

Electronic Signature of Signing Officer or Director

Date