

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91191 047 ***150.00

DOCUMENT # P95000051889

1. Entity Name
CONNECT.AD, INC.



Principal Place of Business

~~2875 S OCEAN BLVD~~
~~SUITE 211~~
~~PALM BEACH, FL 33480 US~~

Mailing Address

~~2875 S OCEAN BLVD~~
~~SUITE 211~~
~~PALM BEACH, FL 33480 US~~

2. Principal Place of Business

125 WORTH AVENUE
Suite, Apt. #, etc.
113

City & State
PALM BEACH, FL

Zip Country
33480 USA

3. Mailing Address

125 WORTH AVENUE
Suite, Apt. #, etc.
113

City & State
PALM BEACH, FL

Zip Country
33480 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0592585** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

POSNER, MICHAEL J
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH, FL 33407

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 resigning)

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 **P** ☐ Delete
NAME **BHATHENA, MICHAEL A**
STREET ADDRESS **423 NW 13TH ST, STE 304-10**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **S** ☐ Delete
NAME **ANDRE, MICHELE E**
STREET ADDRESS **123 NW 13TH ST, STE 304-10**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **125 WORTH AVENUE, Ste 113**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **125 WORTH AVENUE, Ste. 113**
CITY-ST-ZIP **PALM BEACH, FL 33480**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Michele E Andre **MICHELE E ANDRE**

4/17/03

561-832-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)