

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000097202**

1. Entity Name  
CONNECT.AD SERVICES, INC.

Principal Place of Business

2875 S OCEAN BLVD  
SUITE 211  
PALM BEACH FL 33480

Mailing Address

2875 S OCEAN BLVD  
SUITE 211  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip      Country

FILED  
May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90015 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0633996**

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)     

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

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

## 11. OFFICERS AND DIRECTORS

TITLE      P       Delete  
NAME      BHATHENA, MICHAEL A  
STREET ADDRESS      2875 S OCEAN BLVD STE 211  
CITY-ST-ZIP      PALM BEACH FL 33480

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE      VD       Delete  
NAME      TOLLEY, BRADFORD L  
STREET ADDRESS      2875 S OCEAN BLVD STE 211  
CITY-ST-ZIP      PALM BEACH FL 33480

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

TITLE       Delete  
NAME      STREET ADDRESS  
STREET ADDRESS      CITY-ST-ZIP

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

TITLE       Delete  
NAME      STREET ADDRESS  
STREET ADDRESS      CITY-ST-ZIP

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

TITLE       Delete  
NAME      STREET ADDRESS  
STREET ADDRESS      CITY-ST-ZIP

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

TITLE       Delete  
NAME      STREET ADDRESS  
STREET ADDRESS      CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*RECORDED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-28-02      561-655-3200*

Date

Daytime Phone #

CR2E034 (9/01)