

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000016157

FILED
Sep 12, 2002
Secretary of State

Entity Name: G.A.L. COMMUNICATIONS OF SOUTH FLORIDA INC.

Current Principal Place of Business:

18520 NW 67TH AVENUE
PMB #249
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

18520 NW 67TH AVENUE
PMB #249
MIAMI, FL 33015

New Mailing Address:

FEI Number: 65-0642133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZARUS, GARY A
14531 CEDAR CT
MIAMI LAKES, FL 33014 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LAZARUS, RONALD
Address: 18520 NW 67TH AVENUE, PMB 249
City-St-Zip: MIAMI, FL 33015

Title: P () Delete
Name: LAZARUS, GARY A
Address: 18520 NW 67TH AVE., PMB 249
City-St-Zip: MIAMI, FL 33015

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC () Change (X) Addition
Name: HEIMAN, ELIZABETH D MS
Address: 4520 S.W. 62 CT.
City-St-Zip: MIAMI, FL 33155 US

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: GARY A. LAZARUS

PRES

09/12/2002

Electronic Signature of Signing Officer or Director

_____ Date