

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91770 027 \*\*\*150.00

0657061 AT

**DOCUMENT # P97000020967**

1. Entity Name  
**ADVANCED COMMUNICATIONS TECHNOLOGIES, INC.**



Principal Place of Business  
**880 APOLLO ST  
STE 200  
EL SEGUNDO CA 90245**

Mailing Address  
**880 APOLLO ST  
STE 200  
EL SEGUNDO CA 90245**



2. Principal Place of Business

3. Mailing Address

**420 Lexington Avenue**

**420 Lexington Avenue**

Suite, Apt. #, etc.  
**Suite 2739**

Suite, Apt. #, etc.  
**Suite 2739**

City & State  
**N.Y. N.Y.**

City & State  
**N.Y. N.Y.**

Zip  
**10170**

Country  
**USA**

Zip  
**10170**

Country  
**USA**

4. FEI Number **65-0738251**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LICHTMAN, JONATHAN J P.A.  
120 E PALMETTO PARK RD  
SUITE 100  
BOCA RATON FL 33432-0000**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD DANSON, WAYNE I 420 LEXINGTON AVE STE 2739 NEW YORK NY 10170 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDO ROCHE, WILBANK J 2530 WILSHIRE BLVD., SUITE 200 SANTA MONICA CA 90403-4616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LICHTMAN, JONATHAN J 120 PALMETTO PARK RD STE 100 BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROUTY, RANDALL 1900 DECKER SCHOOL LANE MALIBU CA 90265-2339 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINCH, MICHAEL R DR. 37 WALNUT ST., 10 WELLESLEY MA 02481 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, CFO DANSON, WAYNE I 420 Lexington Avenue, Ste 2739 N.Y. N.Y. 10170</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED DANSON**

**4/30/03 846-227-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)