

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90713 015 ***150.00

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DOCUMENT # P98000021924

1. Entity Name

RALF SCHOLLER COMMUNICATIONS, INC.



Principal Place of Business

**1300 COLLINS AVENUE
702
MIAMI FL 33139**

Mailing Address

**1300 COLLINS AVENUE
702
MIAMI FL 33139**

2. Principal Place of Business

5550 LaGorce Drive

Suite, Apt. #, etc.

Miami, Florida

City & State

3. Mailing Address

5550 LaGorce Drive

Suite, Apt. #, etc.

Miami, Florida

City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2096197

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33140

Country
US

Zip
33140

Country
US

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 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

TITLE **D** ☐ Delete
NAME **SCHOLLER, RALF**
STREET ADDRESS **1300 COLLINS AVENUE, APT 702**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Delete
NAME **DONNENFELD, DAVID**
STREET ADDRESS **1300 COLLINS AVENUE, APT 702**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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 **D** ☒ Change ☐ Addition
NAME **SCHOLLER RALF**
STREET ADDRESS **8406 STREET, #1**
CITY-ST-ZIP **Santa Monica, CA, 90403**

TITLE **D** ☒ Change ☐ Addition
NAME **David Annenfeld**
STREET ADDRESS **8406 STREET, #1**
CITY-ST-ZIP **Santa Monica, CA, 90403**

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SCHOLLER 4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)