FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION[®] ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name

(CITY DESK, INC.	,	. •	•	
			,		

Principal	Place	of	Business
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Mailing Address

00 MAY -2 AM 7: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MIAMI BEACH FL 33139	ST PETERSBURG FL 33729		DO NOT WRITE IN THIS SPACE	
			Date Incorporated or Qualifed 05/29/1998	
Principal Place of Business 21	2a. Mailing Address 26 1230 Gth A	ve.	1 - 50-0313	plied For t Applicable
Suite, Apt. #, etc.	Suite, Ant #, etc.		5. Certificate of Status Desired	•
City & State	City & State 28 New York, NY		6. Election Campaign Financing S5.00 Trust Fund Contribution Added	May Be to Fees
Zip Country 25	29 100.20 30 1	US A	This corporation owes the current year Intangible Personal Property Tax. Yes	□No
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM		81 Name	<u> </u>	
1200 SOUTH PINE ISLAND RD		82 Street Addres	ss (P.O. Box Number is Not Acceptable)	_==
PLANTATION FL 33324	-	83	-05/23/000112102 ****159.00 ****159	ັກກ
		84 City	FL IS I ZIV	ode ⁱ
Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, the a	bove-named corporation	ation submits this statement for the purpose of changing its s board of directors. I hereby accept the appointment as re	registered gistered ========

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and little if applicable. (NOTE: R	Registered Agent signature required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	☐ DELETE	1.1 TTLE V D □ Change □ Addition
NAME		12 NAME Renachouski, Julius
STREET ADDRESS		13 STREET ADDRESS 1230 Wth AVEC 15
CITY-ST-ZIP		14 CITY-ST-ZIP New YOCK, NY 100'20
TITLE	DELETE	2.1 TITLE PD Change Modition
NAME		22 NAME telaman, Elizard
STREET ADDRESS		23 STREET ADDRESS 8800 W. Swissel Blvd.
CITY-ST-ZIP		2.4CITY-ST-ZIP LCS Angeles, CA 90069
TITLE	□ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME		32 NAME TSommer Chaptes
STREET ADDRESS		32 NAME 3.3 STREET ADDRESS 1230 With Ave. 15th F.L
CITY-ST-ZIP		34. CITY-ST-ZIP New York, NY 10020
TILE	DELETE	4.1 TITLE T Change D Addition
NAME		1.2 NAME Rosenberg, Helen
STREET ADDRESS		43 STREET ADDRESS 8800 Wash-Supplet Blya.
äTr⊬ST-ZiP .		44 CITY-ST-ZIP 12 PS- HOLLS INVOIDED TO THE PROPERTY OF THE PR
771,3	☐ OELETE	5.1 TITLE AS ****150.00 *****150.00 ******150.00
1,416		H. Steven Holtzman
SPEEL ATAPETS		5.3 STREET ADDRESS I HENDOCIVE
15 15 15		St. Petersburg FL 33129
7- 7	DELETE TO	2: TITLE ☐ Change ☐ Addition
nong <u>e</u>		GONAME Ken Morgan
;#1400#833;		33 STPEET ADDRESS HCN DCIVE
311 ST. 210		84 CITY ST-ZIF St. Reters burg. FL 33729
1. I hasaba	and it, that the information and industrial Climaters and the control of	the second in Coming 140 07(3)(i) Floribe Statutes I further continues that the information

i hereby nertify 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 annual report or supplemental annual 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of on an attachment with an address with all other like ampowered.