

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000067899

1. Entity Name
CENTURY COMMUNICATIONS OF FLORIDA, INC.



Principal Place of Business

**1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431**

Mailing Address

**1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431**



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0854399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIFIORE, CORA D
1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000673547
03/29/07-80033-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FALCONE, ROBERT
STREET ADDRESS	1951 NW 19TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	DVP
NAME	FALCONE, EDWARD
STREET ADDRESS	1951 NW 19TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	DST
NAME	FALCONE, ARTHUR
STREET ADDRESS	1951 NW 19TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

William M. Kessock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.12.07

Date

561-961-1249

Daytime Phone #