


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90029 046 ***150.00

DOCUMENT # P98000067899

1. Entity Name
CENTURY COMMUNICATIONS OF FLORIDA, INC.



Principal Place of Business Mailing Address

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

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05012008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0854399 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIFIORE, CORA D 1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431		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, 2008 Fee will be \$550.00

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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FALCONE, ROBERT			NAME			
STREET ADDRESS	1951 NW 19TH STREET			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FALCONE, EDWARD			NAME			
STREET ADDRESS	1951 NW 19TH STREET			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FALCONE, ARTHUR			NAME			
STREET ADDRESS	1951 NW 19TH STREET			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 fee empowered.

SIGNATURE: Arthur Falcone Date: 5/13/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR