

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91034 011 ***150.00

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DOCUMENT # P99000063595

1. Entity Name

LEC AUDIOTEXT SERVICES, INC.



Principal Place of Business

**855 S.W. 78TH AVE.
PLANTATION FL 33324**

Mailing Address

**855 S.W. 78TH AVE.
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0936338

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

**PARDES, MICHAEL
855 S.W. 78TH AVE.
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: _____ (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 **LIEBOWITZ, TED**
STREET ADDRESS **855 S.W. 78TH AVE.**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete

NAME **PARDES, MICHAEL**
STREET ADDRESS **855 S.W. 78TH AVE.**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete

NAME **MARKOWITZ, HOWARD**
STREET ADDRESS **855 S.W. 78TH AVE.**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete

NAME **LIEBOWITZ, SARA**
STREET ADDRESS **855 S.W. 78TH AVE.**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete

NAME **BRAFF, NELSON**
STREET ADDRESS **855 S.W. 78TH AVE.**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Michael Parades
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL PARDES, 4-14-03, (954) 453-7000
Date Daytime Phone #

CR2E034 (10/02)