## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 25, 2005 08:00 AM DOCUMENT # \$20529 **Secretary of State** 1. Entity Name THE ZUCKERMAN GROUP, INC. Principal Place of Business Mailina Address 3111 UNIVERSITY DRIVE 3111 UNIVERSITY DRIVE SUITE 610 SUITE 610 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 65-0232328 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODKIN, PETER M Street Address (P.O. Box Number is Not Acceptable) 1 EAST BROWARD BLVD. STE. 1501 FT. LAUDERDALE FL 33301 City 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, typed or printed name of registered agent and tide if applicable (NCTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ZUCKERMAN, ANDREW NAME NAME 3111 UNIVERSITY DRIVE, STE 610 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CORAL SPRINGS FL 33065 CHY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME ZUCKERMAN, DAVID NAME 3111 UNIVERSITY DRIVE, STE 610 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CHEY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TOUR TITLE NAME ZUCKERMAN, STEVEN STREET ADDRESS STREET ADDRESS 3111 UNIVERSITY DRIVE, STE 610 CITY-ST-ZIP CITY ST-ZIP CORAL SPRINGS FL 33065 ☐ Change Ti Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIF CITY-ST-ZIP ☐ Change Addition HILE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHY ST-7P CITY-51-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.

NOREW ZUCKELMAN 2/3/05

**FILED** 

Daytime Phone #