2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S83429 **DOCUMENT #**

1. Entity Name

THE BROADCAST ARTS GROUP, INC.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90116 044 ***158.75

Principal Place of Business 3191 SW 11ST ST. BUILDING 400 DEERFIELD BEACH FL 33442 US				Mailing Address 3191 SW 11ST ST. BUILDING 400 DEERFIELD BEACH FL 33442 US								
2. Principal Place of Business				3. Mailing Address							HBH BHBH BHBH	NEW CHAILER
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 65-0294454				pplied For ot Applicable
Zip Country			Zip	Zip Cour			, zz		ertificate of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Current	Registere	ed Agent				7. Na	me and Address of New	Registered	Agent	
						Name						ı
SCHWAR 3191 SW	TZ, DEREK 11TH ST				}	Street A	ddress (F	O. Bo	x Number is Not Acceptabl	e)		
BLDG #400								•		, , , , , , , , , , , , , , , , , , ,		
DEERFIELD BEACH FL 33442							у			FL Zip Code		
	e named entity tions of registe		r the purp	ose of changing its	registered	d office o	r registere	ed ager	nt, or both, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if app	olicable. (NOTE	E: Registered	Agent signal	ture required	when rein	stating)	DATE		
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State						Election Campaign Fi Trust Fund Contribution			00 May Be
10.		OFFICERS AND		l RS	11.			ADD	TIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	DPT	0111021107110	<u> </u>	Delete	TITLE		Γ.	7,00	THOROGO PARTICLE TO OF	TOUTIO AINE	Change	Addition
NAME STREET ADORESS CITY-ST-ZIP	SCHWART 28 SE 7TH DEEFIELD	AVE-		. Delete	NAME	ADDRESS	319	1 S	w. 114 st. ield Beach,	Bklg #		According 1
TITLE .	DVS	501112		☐ Delete	TITLE		ع الم	214	Hele Deach,	TL >	Change	Addition
NAME	MILLER, JO				NAME				Alvert -	. 1.		_
STREET ADDRESS	2006-GEN				STREET	ADDRESS	319	١Ş	'm' 1124 21. 3	Bleg#	=400	}
CITY-ST-ZIP	DELRAY B	EACH FL:33445	د مشتشب	. برد و د و خوست	±CITY-S	T-ZiP~ -	Dec	<u>r+</u>	ield Beach	76	<u>3344</u> 0	
TITLE				Delete	TITLE				* **		Change	Addition
NAME STREET ADDRESS					NAME	LODDECC						
CITY-ST-ZIP					CITY-S	ADDRESS T-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME				L. Delete	NAME						☐ Change	[; Addition
STREET ADDRESS						ADDRESS						1
CITY-ST-ZIP					CITY-S	T-ZIP						-
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME					NAME]				-	ļ
STREET ADDRESS						ADDRESS						ĺ
CITY-ST-ZIP					CITY-S	T-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME					NAME							}
STREET ADDRESS				STREE								
CITY-ST-ZIP					CITY-S	ı - 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: ◀

Reperior Prince