


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # S85306
 1. Entity Name
MARTIN KATZ AFFILIATES, INC.



Principal Place of Business Mailing Address
5705 D FOX HOLLOW DR. **5705 D FOX HOLLOW DR.**
BOCA RATON, FL 33486 **BOCA RATON, FL 33486 US**

DO NOT WRITE IN THIS SPACE



08312004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0299360 Not Applicable

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

6. Name and Address of Current Registered Agent
KATZ, MARTIN
5705 D FOX HOLLOW DR.
BOCA RATON, FL 33486

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZ, MARTIN 5705 D FOX HOLLOW DR BOCA RATON, FL
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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: Martin Katz **MARTIN KATZ** 8/26/04 561-706-3557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #