

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85306

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** MARTIN KATZ AFFILIATES, INC.

**Current Principal Place of Business:**

5705 D FOX HOLLOW DR.  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

5705 D FOX HOLLOW DR.  
BOCA RATON, FL 33486 US

**New Mailing Address:**

5705D FOX HOLLOW DRIVE  
BOCA RATON, FL 33486

FEI Number: 65-0299360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATZ, MARTIN  
5705 D FOX HOLLOW DR.  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KATZ, MARTIN  
Address: 5705 D FOX HOLLOW DR  
City-St-Zip: BOCA RATON, FL 33486 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARTN KATZ

PRES

02/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date