

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118317

**FILED
Jan 06, 2004
Secretary of State**

Entity Name: BROADBAND COMMUNITIES OF FLORIDA, INC.

Current Principal Place of Business:

1211 CITRUS ISLE
FT. LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

90 WOODBRIDGE CENTER DRIVE
SUITE 610
WOODBIDGE, NJ 07095

New Mailing Address:

FEI Number: 20-0484020 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CANNON, THOMAS
1211 CITRUS ISLE
FT. LAUDERDALE, FL 33315

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAC NAUGHTON, W. JAMES
Address: 90 WOODBRIDGE CENTER DRIVE SUITE 610
City-St-Zip: WOODBRIDGE, NJ 07095

Title: V () Delete
Name: CANNON, THOMAS
Address: 1211 CITRUS ISLE
City-St-Zip: FT. LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: W. JAMES MAC NAUGHTON

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01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date