

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90115 012 ***150.00

DOCUMENT # P00000077070

1. Entity Name
VISUAL ADVERTISING GROUP, INC.

Principal Place of Business Mailing Address
 PO BOX 840009 PO BOX 840009
 HOLLYWOOD FL 33084 HOLLYWOOD FL 33084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **8201-A NW 74 Aves**
 Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
MEADLEY, FL **105-10360-277** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33166 **DADE** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
TRAGER, ROSS Name **FRANK BLANCO**
1000 NORTH HIATUS ROAD Street Address (P.O. Box Numbers Not Acceptable)
PEMBROKE PINES FL 33026 **8201-A NW 74th Aves**
 City **MEADLEY** Zip Code **33166**

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.
 SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, FRANK 1000 NORTH HIATUS ROAD PEMBROKE PINES FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X Change <input type="checkbox"/> Addition 8201-A NW 74th Aves MEADLEY, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: the Month: Year:

CR2E034 (10/00)