

FILED
May 14, 2003 8:00 am
Secretary of State


05-14-2003 90131 003 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

90134148

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000067696
 1. Entity Name
 BRAINSTORMING ADVERTISING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 600 NW 98 COURT
 Suite, Apt. #, etc.

3. Mailing Address
 600 NW 98 COURT
 Suite, Apt. #, etc.

City & State
 MIAMI, FL

City & State
 MIAMI, FL

Zip
 33172

Country
 USA

Country
 USA

4. FEI Number 65-1125443

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
 MANUEL ANTONIO ZOTA

Street Address (P.O. Box Number is Not Acceptable)
 600 NW 98 COURT

City MIAMI, FL Zip Code 33172

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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 ZOTA, MANUEL 600 NW 98 COURT MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel A Zota Date: 04/30/03 Daytime Phone #: 305 467 4932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)