

DOCUMENT # P97000053356

1. Entity Name

SUPERSONIC SIGNS & BANNERS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-31-2000 90010 018 ***150.00

Principal Place of Business: 174-A E. MITCHELL HAMMOCK RD. OVIEDO FL 32765 US
Mailing Address: 174-A E. MITCHELL HAMMOCK RD. OVIEDO FL 32765-9793 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (Suite, Apt #, etc.)
3. Mailing Address (Suite, Apt #, etc.)
City & State
Zip Country

4. FEI Number: 59-3453572
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: TODD, KRISTEEN, 171 BLUEBROOK CT, OVIEDO FL 32766

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

B. 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: [Handwritten Signature] DATE: 4-10-00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for DP TODD, KRISTEEN and DVPS TODD, RICK.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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: [Handwritten Signature] DATE: 4-10-00 DAYTIME PHONE #: 407-366-4687

CR2ED034 (9/99)