

FILED
May 30, 2002 8:00 am
Secretary of State

04-10-2002 90465 046 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43281

1. Entity Name
ADVISORS ADVERTISING, INC.

Principal Place of Business Mailing Address
~~101 SW BROADWAY STREET~~ ~~101 SW BROADWAY STREET~~
~~OCALA FL 34474~~ ~~OCALA FL 34474~~
US US

2. Principal Place of Business 3. Mailing Address
3655 NE 25TH Street 3655 NE 25TH Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OCALA, FL Ocala, FL
Zip Country Zip Country
34470 US 34470 US

4. FEI Number 59-3059442 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
EDWARDS, BRENDA FINLEY
4821 NE 13TH ST
OCALA FL 32671

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

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 Brenda F. Edwards 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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPS	EDWARDS, BRENDA FINLAY	4821 NE 13TH ST	OCALA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Brenda F. Edwards DATE 4/23/02 352/368-1612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)