2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G85892 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name MORRIS ADVERTISING, INC. 04-24-2000 90042 005 ***150.00 Principal Place of Business Mailing Address C/O W. ALLEN MORRIS C/O W. ALLEN MORRIS 1000 BRICKELL AVE..#1200 1000 BRICKELL AVE..#1200 MIAMI FL 33131-3014 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2372671 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name MORRIS, W. ALLEN Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE.,#1200 MIAMI FL 33131 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CD TITLE Maddition | TITLE ☐ Delete MORRIS, W. ALLEN NAME NAME STREET ADDRESS 1000 BRICKELL AVE., #1200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change VSDT TITLE ☐ Delete DAVIS, BILL G. NAME STREET ADDRESS 1000 BRICKELL AVE., #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TÎTLE TITLE WHITE, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 1000 BRICKELL AVE #1200 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change TITLE TITLE ☐ Delete BELL, JAMES F JR NAME NAME STREET ADDRESS STREET ADDRESS 1100 JOHNSON FERRY RD NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA Change ☐ Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with an accrease, with all other like enpowered.