


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90093 010 \*\*\*150.00

**DOCUMENT # 559736**

1. Entity Name  
**ADVERTISING AND DESIGN SYSTEMS, INC.**



Principal Place of Business  
**800 BRICKELL AVENUE  
SUITE 1100  
MIAMI FL 33131  
US**

Mailing Address  
**800 BRICKELL AVENUE  
SUITE 1100  
MIAMI FL 33131  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-1815178**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CORPORATE ACCESS, INC.  
236 E. 6TH AVENUE  
TALLAHASSEE FL 32303**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PDT**  Delete

NAME **JACKSON, ESTHER**

STREET ADDRESS **800 BRICKELL AVE, SUITE 1100**

CITY-ST-ZIP **MIAMI FL 33131**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **VDS**  Delete

NAME **PESATURO, PHYLLIS**

STREET ADDRESS **800 BRICKELL AVE, SUITE 1100**

CITY-ST-ZIP **MIAMI FL 33131**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE  Delete

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STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phyllis Pesaturo* **Phyllis Pesaturo** 3/11/03 305-373-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)