- 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 03, 2008 08:00 AN RECEIVED Secretary of State **DOCUMENT # 160281** 1. Entity Name BENCH ADVERTISING CO., OF PALM BEACH COUNTY, MAR 2 1 2008 Principal Place of Business Mailing Address 1330 S. KILLIAN DRIVE LAKE PARK FL 33403 P.O. BOX 1185 WEST PALM BEACH FL 33402 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CB2E034 (10/07) Applied For City & State City & State 4. FEI Number 59-0607222 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAPITAL CONNECTION, INC. Street Address (P.O. Box Number is Not Acceptable) 417 E. VIRGINIA STREET SUITE 1 TALLAHASSEE FL 32301 City 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, typed or printed Hansi of regretered agent and title if applicable. fNOTE. Registered Agort signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Derete TITLE TITLE ☐ Change Addition NAME PARÉNTEAU, ALISHA U NAME STREET ADDRESS 1330 S KILLIAN DR STREET ADDRESS H00000879743 CITY-ST-ZIP LAKE PARK FL 33403 CITY-ST-ZIP 🔲 Change TITLE Derete : TITLE Addition NAME HALLIBURTON, CAROL NAME STREET ADDRESS 4388-D LK UNDERHILL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY - ST-ZIP TITLE Defete THE Change Addition EMORY, LOUIS D STREET ADDRESS 1005 OXFORD ST STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 33403 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De ete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Addition TITLE ☐ Dereie TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 attagament with an address, with all other like empowered.

FILED