2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2007 8:00 am Secretary of State 05-03-2007 90065 032 ***158 75 **DOCUMENT #292424** 1. Entity Name PHOENIX ADVERTISING ASSOCIATES INC. 40104143 Principal Place of Business Mailing Address 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE 12TH FLR 12TH FLR CORAL GABLES, FL 33134-5102 CORAL GABLES, FL 33134-5102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEL Number 59-1109277 Not Applicable Country Zip 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 Name KERRIGAN, JUANITA I. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE C Celete TITLE Addition FLETCHER, PATRICIA K. MCNAIRY, CHARLES NAME NAME 201 ALHAMBEA CIR 201 ALHAMBRA CIR- 12TH FLR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL GABLES, FL 33134 PL 33134 CITY-ST-7IP ORAL CARBLES. ☐ Delete TITLE TITLE ☐ Change ☐ Addition KERRIGAN, JUANITA I. NAME NAME STREET ADDRESS 201 ALHAMBRA CIR- 12TH FLR STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-S1-ZIP VD ☐ Delete TITLE TULF ☐ Change ☐ Addition NAME GETMAN, DENNIS J. NAME STREET ADDRESS 201 ALHAMBRA CIR- 12TH FLR STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition RAMA, MICHAEL NAME NAME 201 ALHAMBRA CIR- 12TH FLR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attachment with an address, with all other like empowered.

Kerrigs Secretary
Secretary

FILED