2064 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 387455

1. Entity Name

NISSEN ADVERTISING, INC.



Principal Place of Business

1037 SOUTH FORIDA AVE

SUITE 130

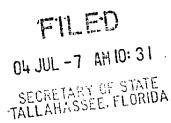
LAKELAND, FL 33803 US

Mailing Address

1037 SOUTH FORIDA AVE

SUITE 130

LAKELAND, FL 33803 US





02042004

No Chg-P

CR2E034 (10/03)

Applied For

4. FEI Number 59-1358365

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

NISSEN III,NIS H 4406 SUGARTREE DRIVE LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

8. The above the obligation	named entity submits this statement for the priors of registered agent	ourpose of changing its regist	ered office or registered agent, or b	both, in the State of Florida. I arr $6-2$ $A-$	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution	nancing \$5.00 May Be		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NISSEN III,NIS H 4406 SUGARTREE DRIVE LAKELAND, FL		07/	: 000390308 13/04-01003-003	323 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPAC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated	certify that the information supplied with this if on this report or supplemental report is true	filing does not qualify for the e and accurate and that my sig	exemption stated in Section 119.07(pnature shall have the same legal ef	3)(i), Florida Statutes. I further of fect as if made under oath; that	ertify that the information I am an officer or director in Block 10 or Block 11 if

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #