FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # 430983** 1. Entity Name THE AD SHOP INC. 04-17-2001 90117 049 ***158.75 Principal Place of Business Mailing Address 3990 N. 32 TERRACE 3990 N 32 TERRACE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1708967 Not Applicable \$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 KRIEFF, ALLAN Street Address (P.O. Box Number is Not Acceptable) 3990 N 32 TERRACE HOLLYWOOD FL 33021 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F Delete TITLE ☐ Change KRIEFF, ALLAN NAME NAME 3990 N. 32 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE KRIEFF, BETH NAME NAME STREET ADDRESS 3990 N. 32 TERRACE STREET ADDRESS CITY-ST-ZIP T CITY-ST-ZIP HOLLYWOOD FL Delete TITLE □ Change ☐ Addition TITI F KRIEFF, DEBORAH NAME NAME STREET ADDRESS 3990 N. 32 TERRACE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE Delete TITLE ☐ Addition KRIEFF, BETH NAME NAME STREET ADDRESS 3990 N. 32 TERRACE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

PRESIDENT

PRINTED NAME OF EIGHING OFFICER OR DIRECTOR