2008 FOR PROFIT CORPORATION

ANNUAL REPORT

3. Mailing Address

DOCUMENT #545579

TITANIA ADVERTISING, INCORPORATED

Principal Place of Business

4200 WACKENHUT DRIVE

PALM BEACH GARDENS, FL 33410 US

2. Principal Place of Business - No P.O. Box #

#100



FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90085 012 ***150.00

		# INDEX # 1 .3
Mailing Address	·	40000112
4200 WACKENHUT DRIVE #100		
PALM BEACH GARDENS, FL 33	410 US	
. Mailing Address		1

							1 100(0) 0111	0.56; EWE) EIIW IEBIE (114 G1841 B4814 818		(68) (1 188)		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					04242008	Chg-P	CR2E	034 (12/06)				
City & State		City & State			·	4. FEI Numb 59-198			<u>_</u>	plied For t Applicable			
Zip		Country	Zip	itry		5. Certificate of Status Desired S8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				····	7. Name and Address of New Registered Agent								
					Name								
CORPORATION SERVICE COMPANY													
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)									
TALLAHASSEE, FL 32301-2525													
•					City	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_	Signature broad o	x printed name of registered agent and to	le it anoficania IBV75	Denutre	d Agent eignature		when is noteting.		DATE				
	Congression, special	A Distribution of the Control of the Control		registers	22 Sec. II sid. In the	. ledfn.en	wite i i e. istalii sti		UA:E				
PII	r Name	FFF 10 #450 00	9. Election Campaig	on Finan	ncina	\$5	00 May Be						
		FEE IS \$150.00 Fee will be \$550.00	Trust Fund Contr				ed to Fees						
10.	OFFICERS AND DIRECTORS 11.					ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11			
TITLE	VTD		☐ Delete	TITLE	· .					☐ Change	Addition Addition		
NAME OTREET LIDERERA	GREEN, IA			NAMI	_								
STREET ADDRESS CITY-ST-ZIP	. ■				ET ADDRESS								
		CH GARDENS, FL 33411		_	- ST - ZIP								
TITLE	SVD	DODEDTI	Delete		AS/D	Ro	BERT BI	urns		☐ Change	Addition		
NAME !	KILBRIDE, ROBERT L		NAMI		42	ROBERT BURNS 4200 WACKSMHUTDR 100			_				
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP	PA	LU BEACI	H GARDM	S, FL	33410			
·····													
TITLE NAME	LEVINE, D	DE\M	☐ Delete	NAM	E .					Change	Addition		
STREET ADDRESS	1				ET ADDRESS								
CITY-ST-ZIP					-SI-ZiP								
TITLE			☐ Delete	TITLE			•		-	☐ Change	Addition		
NAME			LJ Desete	NAMI						LI Change	MODILIDON		
STREET ADDRESS					ET ADDRESS								
CITY-ST-ZIP					-ST-ZIP								
TITLE			☐ Delete	TITLE	F .					☐ Change	Addition		
NAME			_ Dutie	NAMI						onengo			
STREET ADDRESS				-	ET ADDRESS								
CITY - ST-ZIP				CITY	ST-ZIP								
TITLE			☐ Delete	TITLE	:					☐ Change	☐ Addition		
NAME				NAMI						".			
STREET ADDRESS				STRE	ET ADDRESS								
CITY-ST-ZIP			\wedge	CITY	-SI-ZIP								
12. Thereby 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 secure and statute 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 of trustee enhowered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR