**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Aug 14, 1996 08:00 AM**
**Secretary of State**

DOCUMENT # **558284** **(6)**

1. Corporation Name
**OMNI ADVERTISING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2200 CORPORATE BLVD.~~<br>~~SUITE 401A~~<br>~~BOCA RATON FL 33431~~ | ~~2200 CORPORATE BLVD.~~<br>~~SUITE 401A~~<br>~~BOCA RATON FL 33431~~ |

3. Date Incorporated or Qualified: 01/26/1978
3a. Date of Last Report: 05/25/1995

2. Principal Place of Business
21: 7491 North Federal Hwy
Suite, Apt. #, etc
22: Ste 271
City & State
23: Boca Raton FL
Zip
24: 33487
Country
25: USA

2a. Mailing Address
26: same
Suite, Apt. #, etc
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 59-1790783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~PINONE, ANTHONY~~
~~2200 CORPORATE BLVD.~~
~~SUITE 401A~~
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

81 Name: GREGORY J. BLODIG, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): GREENSPOON, MARDER ET AL
83: 100 WEST CYPRESS CREEK RD., STE.700
84 City: FT. LAUDERDALE **FL** 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gregory J. Blodig 7-2-96
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when filing) (Date)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PINONE, ANTHONY<br>~~2200 CORPORATE BLVD., N.W. #401A~~<br>BOCA RATON FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | 7491 No. Federal Hwy<br>Ste. 271<br>Boca Raton FL 33487 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ALTMANN, PAUL<br>2200 CORPORATE BLVD., N.W., #401A<br>BOCA RATON FL | ☒ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Anthony Pinone Pres 8/5/96 (407)995-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Anthony Pinone Pres

0090631 CP