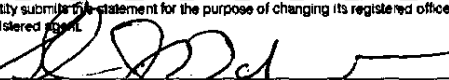
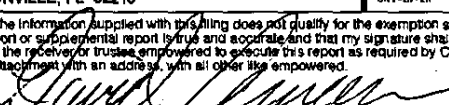


05-05-2003 91802 013 *****61.25

DOCUMENT # 736343
1. Entity Name
**MCDONALD'S JACKSONVILLE CO-OP ADVERTISING
ASSOCIATION, INC.**

11042038

Principal Place of Business 2301 PARK AVE SUITE 402 ORANGE PARK, FL 32073		Mailing Address 2301 PARK AVE SUITE 402 ORANGE PARK, FL 32073			
2. Principal Place of Business 428 Walnut St.		3. Mailing Address 428 Walnut St.		☐ CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1723976	
City & State Green Cove Springs, FL		City & State Green Cove Springs, FL		Applied For Not Applicable	
Zip 32043		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUVAL, STEPHEN J CPA 2301 PARK AVE SUITE 402 ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent Name Duval, Stephen J., CPA Street Address (P.O. Box Number is Not Acceptable) 428 Walnut Street City Green Cove Springs FL Zip Code 32043	
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 must be supplied. (NOTE: Registered Agent signature required when submitting) DATE 4/30/03					
FILE NOW. FEE IS \$61.25.				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS	AMEEN, DAVID		STREET ADDRESS		
CITY-ST-ZIP	3792 WATERSIDE DR ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS	VPO KLINICK, LENNY		STREET ADDRESS		
CITY-ST-ZIP	389 HOPE STREET SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS	SD POTAPOW, MICHAEL JR		STREET ADDRESS		
CITY-ST-ZIP	4974 SW 91ST DR GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS	TD SCHEURMAN, KATHLEEN		STREET ADDRESS		
CITY-ST-ZIP	944 MAPLE RIDGE COURT ORANGE PARK, FL 32066		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS	D FEY, RICK		STREET ADDRESS		
CITY-ST-ZIP	1512 RIVER OAKS DR. BLACKSHEAR, GA 31516		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS	D LISANTE, THOMAS		STREET ADDRESS		
CITY-ST-ZIP	130 NEW BERLIN RD JACKSONVILLE, FL 32219		CITY-ST-ZIP		
12. 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 617, 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 DIRECTOR					
DATE 4/30/03 (904)272-5996					