


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 742506

1. Entity Name
 MCDONALD'S GULF COAST ADVERTISING, INC.



Principal Place of Business 1530 S ALA AVE MONROEVILLE, AL 36460	Mailing Address 1530 S ALA AVE MONROEVILLE, AL 36460
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1808036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

O'CONNOR, JOHN L.
 100 N SPRING STREET
 PENSACOLA, FL 32501

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

1100000757252
 05/06/04-20018-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD RICE, JOHN 1530 S ALA AVE MONROEVILLE, AL 36460
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ORWIG, ROBERT 707 GILCHRIST RD GROVE HILL, AL 36451
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MAGHSOUD, EBRAHIM 30892 JAY DR SPANISH FORT, AL 36527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: John Rice John Rice V/P 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #