

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 807832**

1. Entity Name  
**NATIONAL ADVERTISING COMPANY**



Principal Place of Business  
**C/O MICHAEL D FRICKLAS  
1515 BROADWAY  
NEW YORK, NY 10036**

Mailing Address  
**C/O MICHAEL D FRICKLAS  
1515 BROADWAY  
NEW YORK, NY 10036**



03162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-2360530**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**THE PRENTICE HALL CORP SYST., INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000137827  
04/26/04-80013-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PR  
KELLY, WALLY C  
2502 N BLACK CANYON HIGHWAY  
PHOENIX, AZ 85009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
FURERST, JANE  
1515 BROADWAY  
NEW YORK, NY 10036**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEVS  
FRICKLAS, MICHAEL D  
1515 BROADWAY  
NEW YORK, NY 10036**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DTV  
FREEDLINE, ROBERT G  
1515 BROADWAY  
NEW YORK, NY 10036**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
GORDON, SUSAN C  
1515 BROADWAY  
NEW YORK, NY 10036**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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:** *Jane R. Fuerst*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jane R. Fuerst, Asst. Secy.* **3/19/04**

Date

**212 258-6847**

Daytime Phone #