2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State DOCUMENT # 844012 1. Entity Name SHAKER ADVERTISING AGENCY, INC. 03-06-2002 90088 039 ***150.00 Principal Place of Business Mailing Address 1100 LAKE ST. 1100 LAKE ST. OAK PARK IL 60301 OAK PARK IL 60301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2683937 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOSTER, LEE A Street Address (P.O. Box Number is Not Acceptable) 4920 CYPRESS SUITE 104 TAMPA FL 33607 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME SHAKER, JOSEPH R NAME STREET ADDRESS 1100 LAKE ST. STREET ADDRESS OAK PARK IL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHAKER, ANTHONY R NAME STREET ADDRESS 1100 LAKE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAK PARK IL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME SHAKER, HELEN NAME STREET ADDRESS STREET ADDRESS 1100 LAKE ST. CITY-ST-ZIP OAK PARK IL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME SHAKER, JOSEPH G. NAME STREET ADDRESS 1100 LAKE ST. STREET ADDRESS CITY-ST-ZIP OAK PARK IL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 trusted emprewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE:

OFOURDED JOSEPH SHAKER, PRESIDENT 2/21/02