

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 844012

1. Entity Name
SHAKER ADVERTISING AGENCY, INC.



Principal Place of Business
**1100 LAKE ST.
3RD FLR.
OAK PARK, IL 60301**

Mailing Address
**1100 LAKE ST.
3RD FLR.
OAK PARK, IL 60301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04 DEC 20 - AM 10:09
REINSTATEMENT 04



10222004 REIN-P CR2E098 (6/04)

4. FEI Number
36-2683937

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOSTER, LEE A.
4920 CYPRESS
SUITE 104
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lee Ann Foster* **Lee Ann Foster** **08-Nov-04**

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

**FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAKER, JOSEPH R 1100 LAKE ST. OAK PARK, IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500043225125 12/07/04--01008--013 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAKER, ANTHONY R 1100 LAKE ST. OAK PARK, IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TR Vice President, Financial Svcs Derek R. Briggs 1100 Lake Street Oak Park, IL 60301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAKER, HELEN 1100 LAKE ST. OAK PARK, IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director of Client Svcs Lee Ann Foster 4920 Cypress, Suite 104 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAKER, JOSEPH G 1100 LAKE ST. OAK PARK, IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Derek R. Briggs* **Derek R. Briggs** **08-Nov-04** **708-358-0316**

Signature and typed or printed name of signing officer or director Date Daytime Phone #