


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 844012 1. Entity Name SHAKER ADVERTISING AGENCY, INC.	
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Principal Place of Business 1100 LAKE ST. 3RD FLR. OAK PARK, IL 60301	Mailing Address 1100 LAKE ST. 3RD FLR. OAK PARK, IL 60301
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2683937	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTER, LEE A 4920 CYPRESS SUITE 104 TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
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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 Lee Ann Foster Feb. 9, 2005
Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAKER, JOSEPH R 1100 LAKE ST. OAK PARK, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHAKER, ANTHONY R 1100 LAKE ST. OAK PARK, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHAKER, HELEN 1100 LAKE ST. OAK PARK, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHAKER, JOSEPH G 1100 LAKE ST. OAK PARK, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRIGGS, DEREK R 1100 LAKE STREET OAK PARK, IL 60301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOSTER, LEE A 4920 CYPRESS STE 104 TAMPA, FL 33607

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02/22/05-80002-025 198.75

**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)(f), 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 Feb. 9, 2005 708-358-0316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #