

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000003104

1. Entity Name

THE AD TEAM OF FLORIDA INC.



Principal Place of Business

2220 WEST COMMERCIAL BLVD., SUITE 300
FORT LAUDERDALE, FL 33309

Mailing Address

2220 WEST COMMERCIAL BLVD., SUITE 300
FORT LAUDERDALE, FL 33309



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000168243
08/02/04-80016-015 550.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME ZIMMERMAN, JORDAN
STREET ADDRESS 2220 WEST COMMERCIAL BLVD., SUITE 300
CITY- ST- ZIP FORT LAUDERDALE, FL 33309

TITLE SD
NAME WAGNER, BARRY J
STREET ADDRESS 2220 WEST COMMERCIAL BLVD., SUITE 300
CITY- ST- ZIP FORT LAUDERDALE, FL 33309

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-731-2900