


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90174 035 \*\*\*150.00

**DOCUMENT # F04000001661**

1. Entity Name  
**HCA ADVERTISING SERVICES, INC.**



Principal Place of Business  
**1515 SOUTH FEDERAL HIGHWAY  
 SUITE 401  
 BOCA RATON, FL 33432**

Mailing Address  
**1515 SOUTH FEDERAL HIGHWAY  
 SUITE 401  
 BOCA RATON, FL 33432**

**00044432**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-3459648**

Applied For  
 Not Applicable

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

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

**O'TOOLE, DAVID  
 1515 SOUTH FEDERAL HIGHWAY  
 SUITE 401  
 BOCA RATON, FL 33432**

**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 \_\_\_\_\_ (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.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>PALTER, GILBERT</b> <b>THE EXCHANGE TOWER, 130 KING STREET WEST</b> <b>TORONTO ONTARIO CANADA M5X1A,</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COWAN, SANDRA</b> <b>THE EXCHANGE TOWER, 130 KING STREET WEST</b> <b>TORONTO ONTARIO CANADA M5X1A,</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/ + CEO</b> <b>HUDSON, STEVEN</b> <b>1515 SOUTH FEDERAL HIGHWAY</b> <b>BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>O'TOOLE, DAVID</b> <b>1515 SOUTH FEDERAL HIGHWAY</b> <b>BOCA RATON, FL 33432</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Eric A. Bakken</b> <b>7201 Metro Blvd</b> <b>Minneapolis, MN 55439</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman</b> <b>Paul D. Finkelstein</b> <b>7201 Metro Blvd</b> <b>Minneapolis, MN 55439</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO + COO</b> <b>Fraser Clarke</b> <b>1515 S. Federal Highway, Ste 401</b> <b>Boca Raton FL 33432</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SUP</b> <b>Michael Brisson</b> <b>1515 S Federal Highway, Ste 401</b> <b>Boca Raton FL 33432</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S</b> <b>Darryl Porter</b> <b>1515 S Federal Hwy, Ste 401</b> <b>Boca Raton FL 33432</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Marketing + Product Dev</b> <b>Duncan Robinson</b> <b>1515 S Federal Hwy, Ste 401</b> <b>Boca Raton FL 33432</b>	<input type="checkbox"/> Change <input checked="" 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:** \_\_\_\_\_ **4/28/05** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #