

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001661

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: HCA ADVERTISING SERVICES, INC.

## Current Principal Place of Business:

1515 SOUTH FEDERAL HIGHWAY  
SUITE 401  
BOCA RATON, FL 33432

## New Principal Place of Business:

## Current Mailing Address:

1515 SOUTH FEDERAL HIGHWAY  
SUITE 401  
BOCA RATON, FL 33432

## New Mailing Address:

FEI Number: 13-3459648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTER, DARYL  
1515 SOUTH FEDERAL HIGHWAY  
SUITE 401  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BAKKEN, ERIC A  
Address: 7201 METRO BLVD  
City-St-Zip: MINNEAPOLIS, MN 55439

Title: C ( ) Delete  
Name: FINKELSTEIN, PAUL D  
Address: 7201 METRO BLVD  
City-St-Zip: MINNEAPOLIS, MN 55439

Title: CEOD ( ) Delete  
Name: CLARKE, FRASER  
Address: 1515 SOUTH FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33432

Title: CFO ( ) Delete  
Name: PORTER, DARRYL  
Address: 1515 FEDERAL HIGHWAY, STE 401  
City-St-Zip: BOCA RATON, FL 33432

Title: SVP ( ) Delete  
Name: BRISSON, MICHAEL  
Address: 1515 FEDERAL HIGHWAY, STE 401  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: PORTER, DARRYLL  
Address: 1515 FEDERAL HIGHWAY, STE 401  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BRISSON

SVP

04/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date