

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000003040 1. Entity Name PUBLICIS EVENTS USA, INC.				FILED 05 JUL 18 PM 4:17 SECRET TALLAHASSEE, FLORIDA 	
Principal Place of Business 340 NORTH PRIMROSE AVENUE ORLANDO, FL 32803		Mailing Address 825 EIGHTH AVENUE NEW YORK, NY 10019		07132005 Chg-P CR2E034 (10/03) 4. FEI Number 20-0791047 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>c/o Re: Sources USA - Legal</i> 35 West Wacker Drive			
City & State		City & State Chicago, IL			
Zip	Country	Zip 60601	Country USA		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ATTIAS, RICHARD <input type="checkbox"/> Delete 825 EIGHTH AVENUE NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500058535643 08/12/05--01059--013 **\$50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BETLEY, JOHN <input type="checkbox"/> Delete 825 EIGHTH AVENUE NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MEEHAN, RICH <input type="checkbox"/> Delete 825 EIGHTH AVENUE NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Assistant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer <i>Richard W. Meehan</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WESTPHAL, BOB <input type="checkbox"/> Delete 825 EIGHTH AVENUE NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Assistant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer <i>Robert S. Westphal</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS THORSON, SONDR A <input type="checkbox"/> Delete 825 EIGHTH AVENUE NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Assistant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary <i>Sondra J. Thorson</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Paul Krach</i> 825 Eighth Avenue, New York, NY 10019	
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: <i>Sondra J. Thorson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Sondra J. Thorson 7/15/05 312-220-6133</i> Vice President - Assistant Secretary <small>Date Daytime Phone #</small>		