

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004392

Entity Name: A.K.A. ADVERTISING, INC.

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

4601 MADISON AVE  
KANSAS CITY, MO 64112

**New Principal Place of Business:**

**Current Mailing Address:**

911 MAIN ST  
STE 2800  
KANSAS CITY, MO 64105

**New Mailing Address:**

FEI Number: 43-1239630      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324    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: PSTD      ( ) Delete  
Name: MONTAGUE, WILLIAM DONALD II  
Address: 4601 MADISON AVE  
City-St-Zip: KANSAS CITY, MO 64112

Title: VP      ( ) Delete  
Name: REID, CLAYTON  
Address: 4601 MADISON AVE  
City-St-Zip: KANSAS CITY, MO 64112

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ASST      ( ) Change (X) Addition  
Name: CAMPBELL, SHERYL  
Address: 4601 MADISON AVENUE  
City-St-Zip: KANSAS CITY, MO 64112

I hereby certify that the information supplied with this filing does not qualify 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: SHERYL CAMPBELL, ASSISTANT SECRETARY  
\_\_\_\_\_ Electronic Signature of Signing Officer or Director

ASST

03/24/2009

\_\_\_\_\_ Date