2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90032 045 ***150.00

DOCUMENT # F62933

1. Entity Name
KAHN ADVERTISING, INC.

Principal Place of Business	Mailing Address
3300 NE 192 STREET, SUITE 917	PO BOX 800537
AVENTURA FL 33180	AVENTURA FL 33280
US	

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3610 YACHT CLUB DRIVE	
Suite, Apt. #, etc. #504	Suite, Apt. #, etc.
City & State AVENTURA, FLA.	City & State
Zip 33180 / Country U.S.A.	Zip / Country

4. FEI Number 59-2114557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAHN, CHERYL	Name
3300 NE 192 STREET, SUITE 917	Street Address (P.O. Box Number is Not Acceptable) 3610 YACHT CLUB DR. #504 AVENTURA, FLA.
AVENTURA FL 33180	City FL Zip Code 33180

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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD KAHN, CHERYL 3300 NE 192 STREET, SUITE 917 AVENTURA FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3610 YACHT CLUB DR. #504 AVENTURA, FLA. 33180 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] President 1/10/03 (305) 937-0380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)