


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

04-19-2004 90278 039 ***150.00

DOCUMENT # F75174	
1. Entity Name HICKS-ADVERTISING GROUP, INC.	

Principal Place of Business 5420 BAY CENTER DRIVE #205 TAMPA, FL 33609	Mailing Address 5420 BAY CENTER DRIVE #205 TAMPA, FL 33609
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bb413403



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2186760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, JOSEPH 2560 BARNETT PLAZA 101 E. KENNEDY BLVD. TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HICKS, ROBERT H 3101 SAMARA DR TAMPA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HICKS, MARY 3101 SAMARA DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOPP, LAUREN 3101 SAMARA DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARCUMB, DEBORAH 3101 SAMARA DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert H. Hicks **Robert H. Hicks** 5/3/04 **513-286-2222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #