2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __

ANIOAE REPORT (ARI)						- FILED				
DOCUMENT # F9400000127 1. Entity Name					Apr 13, 2005 08:00 AM Secretary of State					
BAYARD	ADVERTISING AGENCY, I	NC.				Secre	etary of	Sta	te	
Principal Place of Business Mailing Address						• •			-	
902 BROAD NEW YORK US	DWAY C NY 10010 - -	902 BROADWAY NEW YORK NY 1001 US	NEW YORK NY 10010			Biyer kur laili digil exili arili	BBIH BBIH BBIH daiwa Ma	1111 HWH WIT		
2. Principal Place of Business		3. Mailing Address			-		A CANADA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- · · ·	CR2E034 (10/	04)			
City & State Zip Country		City & State Zip Country			4. FEI Numb	13-3055907		No	plied For t Applicable	
2.ID	Country	Zip	Country		5. Certificate	e of Status Desired		75 Add. Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
WALDORF, GORDON 1600 S. FEDERAL HWY POMPANO BEACH FL 33062				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL Z	ip Code)	
8. The above named entity submits this statement for the purpose of changing its registered				ed office or register	red agent or bo	oth in the State of Flo		r with :	and accept	
the obliga	itions of registered agent.		•						A114 G4-4F1	
SIGNATURE	Signature, typed or printed name of registered age	nt and little if applicable /NE	TF Bassian	d Agent signature required			DATE			
	FILE NOW!!! FEE IS \$150.00	read in applicable (inc	ALE MAGISTATA	a want ziaustain nadauer	- when remstating)	1	DATE			
After	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department					9. Election Campa Trust Fund Cont			O May Be d to Fees	
10.	_ OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALDORF, GORDON	☐ Delete					□ 0	hange	Addition	
TITLE	vs	☐ Delete	IIILE	l l			□ C	hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	WALDORF, RITA 902 BROADWAY NEW YORK NY 10010			E ET ADDRESS - ST- ZIP	!	1000000301 04/13/05-800		0.00		
TITLE		☐ Delete	TITLE					hange	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP			1	ET AODRESS - ST- ZIP						
TITLE		☐ Delete	HILE					hange	Addition	
NAME STREET ADDRESS			NAME STREE	ET ADORESS						
CITY-ST-ZIP				·ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				Ш	Sange	Addition	
STRFFT ADDRESS CITY-ST-ZIP				ET ADORESS ST-ZIP						
12. I hereby of indicated of the cor	f certify that the information supplied wi I on this report or supplemental report poration or the receiver or trustee em	th this filing does not qualify for is true and accurate and that cowered to execute this repor	or the exer my signat t as regulr	mption stated in Se ure shall have the s red by Chapter 607	ction 119.07(3) same legal effe	(i), Florida Statutes. I ct as if made under o es, and that my name	further certify the ath; that I am aer appears in BRIo	t the inf officer o	formation or director Block 11 if	
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 Balck 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										