
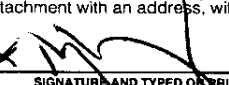


FILED

Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90027 047 ****70.00

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F94000000723 1. Entity Name BARBIZON NATIONAL ADVERTISING COMMITTEE, INC.					
Principal Place of Business 3111 N UNIVERSITY DR SUITE 406 POMPANO BEACH, FL 33065 US			Mailing Address 3111 N UNIVERSITY DR SUITE 406 POMPANO BEACH, FL 33065 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-3193988	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROTHBERG, BARRY 3111 N UNIVERSITY DR #406 POMPANO BEACH, FL 33065			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCORMICK, TIM		NAME		
STREET ADDRESS	4950 W KENNEDY BLVD STE 200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEMES, CHARLES		NAME		
STREET ADDRESS	1051 PERIMETER DR #950		STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG, IL 60173		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNARD, JOAN		NAME		
STREET ADDRESS	178 TROLLEY SQUARE		STREET ADDRESS	178 Trolley Square	
CITY-ST-ZIP	WILMINGTON, DE 19806		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTHBERG, BARRY		NAME		
STREET ADDRESS	3111 N UNIVERSITY DR #406		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33065		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASSEMAN, MYRON		NAME	WASSERMAN, MYRON	
STREET ADDRESS	607 BOYSTON ST 3RD FL		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: X 			2/20/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		