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May 05, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006197

1. Corporation Name

MULLEN ADVERTISING, INC.

Principal Place of Business

**36 ESSEX ST
WENHAM MA 01984**

Mailing Address

**36 ESSEX ST
WENHAM MA 01984**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1998

4. FEI Number

04-2746512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PAVLICK, BRYAN B
4553 OAKCREEK ST #221
ORLANDO FL 32835**

10. Name and Address of New Registered Agent

81 Name

KARL PEARSON

82 Street Address (P.O. Box Number is Not Acceptable)

805 RENAISSANCE POINTE

83

APT 305

84 City

ALTA MONTE

FL

85 Zip Code
32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **MULLEN, JAMES X**
STREET ADDRESS **195 SUMMER ST**
CITY-ST-ZIP **MANCHESTER MA 01944**

TITLE **D** ☐ DELETE

NAME **ANDERSON, NOLA**
STREET ADDRESS **195 SUMMER ST**
CITY-ST-ZIP **MANCHESTER MA 01944**

TITLE **STD** ☐ DELETE

NAME **MASUCCI, JEANNE P**
STREET ADDRESS **327 FOREST ST**
CITY-ST-ZIP **N. ANDOVER MA 01845**

TITLE **P** ☐ DELETE

NAME **GRIMALDI, JOSEPH M**
STREET ADDRESS **5 PROCTOR ST**
CITY-ST-ZIP **MANCHESTER MA 01944**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeanne Masucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

978-468-1153
Daytime Phone #

CR2E034 (1/198)