FILED

Apr 21,	, 2000 8:00 an	1
Secret	, 2000 8:00 an ary of State	
	0 90142 018 ***150.00	

1. Entity Nam	MENT # G41024 vertising corporation					FILED 1, 2000 8: etary of S		
Principal Place	e of Business	Mailing Address						
5310 NW 33RD AVENUE		5310 NW 33RD AVENUE						
212		212		ļ				
ft. Lauderdai US	LE FL 33309	FT. LAUDERDALE FL 33309 US	F2133		4 (88 7)() 88 7) 8130 ((1 97) 81 4)	A NIBIN SKRI AKRIN RIBIN AKRIN BIR	IZ BIBIL BYDYL IBBI	
2. Principal Place of Business 6801 Powerline Road		3. Mailing Address 6801 Powerline Road			DO NOT WRITE IN THIS SPACE			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DONOI	WATE IN THIS SPACE		
City & State Ft. Lauderdale, Florida		City & State Ft. Lauderdale, Florida		4. FEI Number 59-229		Applied For Not Applicable		
33309	Country Broward	Zip Country 33309 Broward		3	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
	6. Name and Address of Current R		1	<u></u>	7. Name and Address of N			
			Nam					
SMITH, ANDREW DAVID 20955 VIETO TERRACE BOCA RATON FL 33433				ames S. Lobel Address (P.O. Box Number is Not Acceptable) Old Power Line Road				
			Cittle	. Lau	derdale	FL 3 ² 3°:	£669	
SIGNATURE .	named entity submits this statement for James S. Lobel, P Signature, typed or printed name of registered agent an	resident/CEC		OO	when reinstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 20 Make Check Payat	000 Fee will be ole to Departn	\$550.00		oution. A	5.00 May Be dded to Fees	
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO	OFFICERS AND DIRECT		
TITLE NAME	SMITH, ANDREW DAVID	XX Delete	TITLE NAME	Ja	mes S. Lobel,			
STREET ADDRESS			STREET ADDRE	ss 68	6801 Powerline Road			
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	Ft	. Lauderdale,	FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ss 68	ve Bawarsky, 01 Powerline . Lauderdale,	Road	nge Addition	
TITLE		□ Delete	TITLE			Cha	nge 🔲 Addition	
NAME			NAME					
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NAME STREET ADDRESS			STREET ADDR	ESS			ļ	
CITY-ST-ZIP			CATY-ST-ZIP	`			(
TITLE		Delete	TITLE	_		☐ Cha	nge 🔲 Addition	
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STREET ADDRESS			STREET ADDR	ESS			Į	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					
13. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustae empty or on an attrictory trust with an artificial supplemental with a supplemental suppl	this filing does not qualify for true and accurate and that if vered to execute this report the all other like emocyclored	or the exemption my signature sh as required by	stated in Se all have the s Chapter 607	ction 119.07(3)(i), Florida Stati same legal effect as if made ui , Florida Statutes; and that my	utes. I turther certify that nder oath; that I am an of name appears in Block	ine information ficer or director 11 or Block 12 if	

2000 UNIFORM BUSINESS REPORT (UBR)

President/CEO 4/14/00 (954) 970-3553

Daytime Phone #