

DOCUMENT # G58134

1. Entity Name

AVANT ADVERTISING, INC.

[illegible]

Principal Place of Business	Mailing Address
901 S. FEDERAL HWY HOLLYWOOD FL 33009 US	ONE E. WACKER DRIVE 3200 CHICAGO IL 60601-2002 US

City & State Hallandale, Florida		City & State Arcadia, California	
Zip 33009	Country USA	Zip 91066-6014	Country USA

6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (If different from above)
	City

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.

SIGNATURE _____


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Pyxx	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> XXXXXXXXXX
NAME	ROMANIX, David		
STREET ADDRESS	901X SXX Federx SX HWXX		
CITY-ST-ZIP	ARCADIA CA 91066		
TITLE	S/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MITCHELL, David A.		
STREET ADDRESS	285 West Huntington Drive		
CITY-ST-ZIP	Arcadia, CA 91066-6014		
TITLE	Cont Controller	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> XXXXXXXXXX
NAME	CAMPBELL, JERRY, JR		
STREET ADDRESS	901X SXX Federx SX HWXX		
CITY-ST-ZIP	ARCADIA CA 91066		
TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, Jerry D.		
STREET ADDRESS	1070 East Main Street		
CITY-ST-ZIP	Owosso, MI 48867		
TITLE	Controller	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROMBY, James		
STREET ADDRESS	285 West Huntington Drive		
CITY-ST-ZIP	Arcadia, CA 91066-6014		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed; or on an attachment with an address with all other like empowered.

JAMES PROMBY

SIGNATURE:  **(PRINT NAME)** JAMES BROMB April 18, 2000 (954) 457-6203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)