

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H15594 (5)
1. Corporation Name
UNIVERSITY STUDENT ADVERTISING, INC.

Principal Place of Business		Mailing Address	
220 W BRANDON BLVD 102 BRANDON FL 33511 US		220 W BRANDON BLVD 102 BRANDON FL 33511 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	Country	28 Zip	Country
24 25	29	30	

9. Name and Address of Current Registered Agent

ROBINSON, ERIC L.
5012 S THAMPTON CIRCLE
TAMPA FL 33645

81 Name

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

83

84 City

FL 85 Zip Code

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ROBINSON, ERIC	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5012 SOUTHAMPTON CIRCLE	1.1 NAME
STREET ADDRESS	TAMPA FL	1.2 NAME
CITY-ST-ZIP		1.3 STREET ADDRESS
		1.4 CITY-ST-ZIP
TITLE	SICHEL, ROSALIND	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4869 WIDEPOINT DR	2.1 NAME
STREET ADDRESS	SARASOTA FL	2.2 NAME
CITY-ST-ZIP		2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.1 NAME
STREET ADDRESS		3.2 NAME
CITY-ST-ZIP		3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 NAME
STREET ADDRESS		4.2 NAME
CITY-ST-ZIP		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 NAME
STREET ADDRESS		5.2 NAME
CITY-ST-ZIP		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 NAME
STREET ADDRESS		6.2 NAME
CITY-ST-ZIP		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.

SIGNATURE:

4/22/98 813-634-1919

CR2E034 (1097)