FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90169 047 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

H54726 DOCUMENT #

1. Entity Name

COLITUDANIZ ADVEDTICINIC INC



| 3001 nb/ | ANN ADVERTISING, INC. | | | | | | | | | | |
|--|--|--|------------------------|----------------------|------------------------------|---------------------------------------|---------------------------------------|-----------------|------------------------|---|--|
| Principal Place of Business C/O HARVEY GRANGER 1325 SAN MARCO BLVD SUITE 902 JACKSONVILLE FL 32207 US 2. Principal Place of Business | | Mailing Address C/O HARVEY GRANGER 1325 SAN MARCO BLVD SUITE 902 JACKSONVILLE FL 32207 US 3. Mailing Address | | | | | | | | | |
| z. riincipai r | lace of Business | J. Maii | ng Address | | | | | | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | | | |
| City & Stat | е | City & State | | | | 4. FEI Numb | 59-2607918 Applied For Not Applicable | | | | |
| Zip | Country | Zip | | Country | | 5. Certificate | e of Status Desired | | 8.75 Add ee Require | | |
| | 6. Name and Address of Current | Registere | d Agent | | | 7. Name and | d Address of New | Registered Ac | jent | | |
| | | | | | Name | | | | | | |
| GRANGEF | | | Street Add | | | s (P.O. Box Number is Not Acceptable) | | | | | |
| | MARCO BLVD. | | | | | | | | | | |
| SUITE 902 | | | | | | | | | | | |
| JACKSONVILLE FL 32207 | | | | City | | | -1 | FL | Zip Code | e | |
| | named entity submits this statement fo ions of registered agent. | r the purpo | ese of changing its re | gistered offic | ce or registere | ed agent, or bo | oth, in the State of F | orida. I am fai | miliar with, | and accept | |
| | | | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if appli | cable. (NOTE: Re | egistered Agent s | ignature required | when reinstating) | | DATE | | | |
| | ILE NOW!!! FEE IS \$150.00 | | | | | | | | | | |
| | May 1, 2003 Fee will be \$550.00 | | | | | | ection Campaign Fi | · · | | 0 May Be | |
| | Payable to Florida Department of | State | | | | Tro | ust Fund Contribution | on. | Added | I to Fees | |
| 10 | OFFICERS AND | DIRECTOR | RS | 11. | | ADDITIONS | /CHANGES TO OF | FICERS AND D | DIRECTORS | 3 IN 11 | |
| TITLE | DV | | Delete | TITLE | 51 | | | | Change | Addition | |
| NAME · | PARRETT, DONALD O | | | NAME | Har | veu Gra | nger arco Blvd. FL 322 | | | | |
| STREET ADDRESS | 1325 SAN MARCO BLVD., SUITE | 902 | | STREET ADDRE | ESS 1325 | 5 San Ma | arco Blvd. | Suttle 9 | 02 | , | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | | | CITY-ST-ZIP | Jac | Ksonville | , FL 322 | 7 | | | |
| TITLE | DP | | ☐ Delete | TITLE | | | • | l | Change | ☐ Addition | |
| NAME | BLUMBERG, STEVE | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1325 SAN MARCO BLVD., SUITE | 902 | | STREET ADDRE | ESS | | | | | | |
| *** | JACKSONVILLE FL 32207 | | | | | | | | | | |
| TITLE NAME | D THOMPSON CAROL C | | Delete Delete | TITLE NAME | | | | ŀ | Change | Addition | |
| STREET ADDRESS | THOMPSON, CAROL C 1325 SAN MARCO BLVD., SUITE | 002 | | STREET ADDRE | FSS . | | | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | 3 02 | , | CITY-ST-ZIP | | | | | | | |
| TITLE | ST | | Delete | TITLE | | | | | Change | Addition | |
| NAME | JACKSON, REBECCA B | | 2000 | NAME | | | | • | | _ | |
| STREET ADDRESS | 1325 SAN MARCO BLVD., SUITE | 902 | | STREET ADDRE | ESS | | | | | } | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | | | CITY-ST-ZIP | | | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | [| Change | ☐ Addition | |
| NAME | | | | NAME | | | | | | } | |
| STREET ADDRESS CITY-ST-ZIP | | | | STREET ADDRE | \$5 I | | | | | 1 | |
| | <u> </u> | | | | | | | | | | |
| TITLE NAME | | | Delete | TITLE | 1 | | | { | Change | ☐ Addition | |
| STREET ADDRESS | | | | NAME STREET ADDRE | ess | | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | | | |

12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARG OFFICER OR DIRECTOR