2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DOCUMENT # H76837 1. Entity Name LIPPHARDT ADVERTISING, INC.					May 02, 2001 8:00 am Secretary of State 05-02-2001 90041 006 ***150.00			
Principal Place of Business 5401 W. KENNEDY SUITE 1000 TAMPA FL 33609 US		Mailing Address 5401 W. KENNEDY SUITE 1000 TAMPA FL 33609 US			C0057795			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-25812	288		plied For t Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desire		75 Addi Required	itional
	6. Name and Address of Current f	Registered Agent	_	7.	Name and Address of Nev	w Registered Ager	it	
				W. Thon	mpson Thorn, II	I		
LIPPHARDT, WILLIAM J. 5401 W. KENNEDY BLVD. SUITE 1000 TAMPA FL 33609			Stree	t Address (P.O. 101 Eas	ddress (P.O. Box Number is Not Acceptable) 101 East Kennedy Boulevard Suite 2800			
TANIA TE GOODS			City	Tampa	Campa FL Zip G602			
Tax filing	Sightiture, typed in printed artheologistered agent a pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After MAY 1, 200 Make Check Payable	FEE IS \$15 1 Fee will be	\$550.00	reinstating) 10. Election Campaign Trust Fund Contribu	· · ·		O May Be to Fees
<u> </u>	OFFICERS AND I		12.		DDITIONS/CHANGES TO C	DEFICERS AND DIE	ECTORS	EINI 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALEXANDER, JOHN DAVID 402 N SCENIC HWY FROSTPROOF FL	M Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Direct W. Tho	or ,, mpson Thorn, II st Kennedy Boul	ī.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIPPHARDT, WILLIAM J. 3019 CUNARD DR VALRICO FL			Director Daniel 5445 W	irector Change Addition aniel Doyle 445 West Cypress Street, #300 ampa, FL 33607			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. □ Celete ·		TITLE NAME STREET ADDRES CITY-ST-ZIP	Director David 1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP				Change	Addition
13. I hereby of indicated of the corchanged.	certify that the information supplied with on this report or supplemental eport is poration or the receiver or trustee empor or on an attachment with an address, w	this filing gloes not qualify or the fire and accurate and that my wered to execute this eport as the all other like empowered	ne exemption s signature sha sequired by C	stated in Section Il have the same Chapter 607, Flo	n 119.07(3)(i), Florida Statute e legal effect as if made und rida Statutes; and that my na	es. I further certify the oath; that I am ar ame appears in Blo	at the info officer o ck 11 or l	ormation or director Block 12 if

W. Thompson Thorn, III, Sec. (813)229-7600

Daytime Phone #