FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K56299** (6)

1. Corporation Name

SMASH ADVERTISING, INC.

Principal Place of Business	Mailing Address
69 NEWBURY ST. BOSTON MA 02116	69 NEWBURY ST. BOSTON MA 02116

3. Date Incorporated or Qualified: **01/06/1989**

3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number: **65-0087082** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IMBER, BARRY
3081 SALZEDO ST.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	TOMEZAWA MARK		12 NAME	Mark Tomizawa	
STREET ADDRESS	260 WEST END AVE 3A		13 STREET ADDRESS	108 Fuller Street	
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP	Brookline, MA 02146	
TITLE	T	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BEYER, RICHARD		22 NAME		
STREET ADDRESS	69 TRAPELO ROAD		23 STREET ADDRESS		
CITY-ST-ZIP	WALTHAM MA		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	BUTTON, LINDA		32 NAME		
STREET ADDRESS	260 WEST END AVE 3A		33 STREET ADDRESS	108 Fuller Street	
CITY-ST-ZIP	NEW YORK NY		34 CITY-ST-ZIP	Brookline, MA 02146	
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	KASS MARILYN		42 NAME		
STREET ADDRESS	19 COLUMBIA ST		43 STREET ADDRESS		
CITY-ST-ZIP	BROOKLINE MA		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	WAER, KAREN		52 NAME		
STREET ADDRESS	1104 SMOKE BURR DRIVE		53 STREET ADDRESS		
CITY-ST-ZIP	WESTERVILLE OH		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mark Tomizawa 3.13.96 6172361644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #