

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

69 NEWBURY ST.  
BOSTON MA 02116

Mailing Address

69 NEWBURY ST.  
BOSTON MA 02116

FILED  
Jul 30 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1989

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 361 NEWBURY ST

Suite, Apt. #, etc.

22 #403

City & State

23 BOSTON MA

Zip

24 02115

Country

25 SUFFOLK

2a. Mailing Address

26 361 NEWBURY ST

Suite, Apt. #, etc.

27 #403

City & State

28 BOSTON MA

Zip

29 02115

Country

30 SUFFOLK

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME TOMEZAWA MARK  
STREET ADDRESS 108 FULLER ST  
CITY-ST-ZIP BROOKLINE MA ☐ DELETE

TITLE T  
NAME BEYER, RICHARD  
STREET ADDRESS 69 TRAPELO ROAD  
CITY-ST-ZIP WALTHAM MA ☐ DELETE

TITLE S  
NAME BUTTON, LINDA  
STREET ADDRESS 108 FULLER ST  
CITY-ST-ZIP BROOKLINE MA ☐ DELETE

TITLE D  
NAME KASS MARILYN  
STREET ADDRESS 19 COLUMBIA ST  
CITY-ST-ZIP BROOKLINE MA ☐ DELETE

TITLE D  
NAME WAER, KAREN  
STREET ADDRESS 1104 SMOKE BURR DRIVE  
CITY-ST-ZIP WESTERVILLE OH ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 registered agent 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

7/22/98

CR2E034 (5/98)