

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 SEP -7 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008026

1. Entity Name
WESTMARK AD GROUP, LLC

Principal Place of Business **Mailing Address**
222 LAKEVIEW AVENUE, SAME
#160-295
WEST PALM BEACH, FL 33401

2. Principal Place of Business **3. Mailing Address**
SAME SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**
USA USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
05-1025567 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

Name CHARLES A. LUBITZ, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
515 NORTH FLAGLER DRIVE
SUITE 1900
City WEST PALM BEACH **FL** **Zip Code** 33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
BY: CHARLES LUBITZ, AS REGISTERED AGENT SEPTEMBER 6, 2001
SIGNATURE DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER ROBERT SHAPIRO 230 PARK AVENUE, SUITE 464 NEW YORK, NY 10169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000004587530--9 -09/13/01--01071--023 *****55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Charles A. Lubitz* SEPTEMBER 6, 2001 (561) 832-5900
SIGNATURE AND ADDRESS PRINTED NAME OF SIGNING MANAGING MEMBER, MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)

LB
9-10-01