2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2004 8:00 am Secretary of State

Piricipal Place of Rispinass 5731 CASTLEGATE AVE Sulfic 10 S731 CASTLEGATE AVE Sulfic 10 DAME, FL 33331 Sulfic April 4, stc. # 10 2. Principal Place of Business Suite. April 4, stc. # 10 Suite, April 4, stc. # 10 Por 8, 9, 95 Suite. April 4, stc. # 10 Suite, April 4, stc. # 10 Por 8, 9, 95 Suite. April 5, stc. # 10 Suite, April 4, stc. # 10 Por 8, 9, 95 Suite. April 6, stc. # 10 Suite, April 4, stc. # 10 Por 8, 9, 95 Suite. April 6, stc. # 10 Suite. April 6, stc. # 10 Por 8, 9, 95 Suite. April 7, stc. # 10 Por 10, 9, 9, 95 Suite. April 7, stc. # 10 Por 10, 9, 9, 95 Suite. April 7, stc. # 10 Por 10, 9, 9, 95 Suite. April 7, stc. # 10 Por 10, 9, 9, 95 Suite. April 7, stc. # 10 Por 10, 9, 9, 95 Suite. April 7, stc. # 10 Por 10, 9, 9, 95 Suite. April 7, stc. # 10 Por 10, 9, 9, 95 Suite. April 7, stc. # 10 Por 10, 9, 9, 95 Suite. April 7, stc. # 10 Por 10, 9, 9, 95 Suite. April 7, stc. # 10 Por 10, 9, 9, 95 Suite. April 7, stc. # 10 Por 10, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9,	DOCUMENT # L15704 1. Entity Name AUTOMATED ADVERTISING INC.					02-04-2004 90048 050 ***150.00			
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Street Address (P.O. Box Number is Not Acceptable) City FL Zp Code					0	0			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Suppose sprengly have of registered agent and tills if registeries. (NOTE Registered Agent Signature required when remetating) PILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILL OR OROUGHWELL, EDMOND HENRY STREET AGGRESS OF STATE CAST LEGATE AVE # /0 / STREET AGGRESS OFFICERS AND DIRECTORS IN 11 TILL TSC TSC TILL TSC TORY LAUDERDALE, FL 33331 TILL T	DAVIE, FL	33331			•				
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12. 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 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 trustee 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 like empowered.

SIGNATURE:

SIGNAPORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/1/04 954-434-4505