

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M38166

FILED
Apr 22, 2009
Secretary of State

Entity Name: DEZER ADVERTISING, INC.

Current Principal Place of Business:

18001 COLLINS AVE.
31ST FLR.
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

89 FIFTH AVENUE
11TH FLOOR
NEW YORK, NY 10003

Current Mailing Address:

18001 COLLINS AVE.
31ST FLR.
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

89 FIFTH AVENUE
11TH FLOOR
NEW YORK, NY 10003

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DEZER, MICHAEL
Address: 89 FIFTH AVE
City-St-Zip: NEW YORK, NY

Title: DST () Delete
Name: DEZERTZOV, NAOMI
Address: 89 FIFTH AVE
City-St-Zip: NEW YORK, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DEZER

MR.

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date