2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M70001 **DOCUMENT #**

1. Entity Name HORIZON ONE ADVERTISING, INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED Jun 05, 2003 8:00 am Secretary of State

06-05-2003 90125 050 ***150.00

407-656-1010

Daytime Phone #

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]			GO WE THE						
Principal Place of Business % ROBERT M. DANCE 5152 S. U.S. HIGHWAY 17-92 BOX 1167 LONGWOOD FL 32750		Mailing Address % ROBERT M. DANCE 5152 S. U.S. HIGHWAY 17-92 BOX 1167 LONGWOOD FL 32750							
2. Principal Place of Business		3. Mailing Address			814 84841 81814 81817 81817 81817 1884				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAK	☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-2871116	Applied For Not Applicable				
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required				
L	6. Name and Address of Current	Registered Agent		Name and Address of New Register	ed Agent				
DANCE, R	OBERT M.		Name						
5152-SU P.O. BOX	S. HWY 17-92		Street Address	6 (P.O. Box Number is Not Acceptable)					
\	OD FL 32750		City		Zip Code				
<u> </u>	£.		l						
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requir	red when reinstating) DA	ντΕ				
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11				
TITLE	D	Delete	TITLE	ADDITIONS/OFFAMILE TO OFF TOLING					
NAME	DANCE, ROBERT M.	Delete	NAME		C change C Addition				
STREET ADDRESS CITY-ST-ZIP	5152 S. US HWY 17-92 LONGWOOD FL		STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition				
TITYS NAME STREET ADDRESS	P SILANKAS, RICHARD 1208 LK GRIFFIN RD	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition				
CITY-ST-ZIP	LADY LAKE FL		CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition				
'STREET ADDRESS' CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition				
NAME			NAME		1				
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CITY-ST-ZIP		——————————————————————————————————————	CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition				
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		□ Delete	TITLE		☐ Change ☐ Addition				
NAME PERFET ADDRESS	•		NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corr	on this report or supplemental report is	true and accurate and that	or the exemption stated in S my signature shall have the	Section 119.07(3)(i), Florida Statutes. I further a same legal effect as if made under oath; the 37, Florida Statutes; and that my name appea	at I am an officer or director				