

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90951 005 \*\*\*150.00

0168290

**DOCUMENT # M70880**  
 1. Entity Name  
**W.E.D. ADVERTISING COMPANY, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>235 LINCOLN RD<br/>#307<br/>MIAMI BEACH FL 33139<br/>US</b> | Mailing Address<br><b>235 LINCOLN RD<br/>STE 307<br/>MIAMI BEACH FL 33139<br/>US</b> |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>1060 N. SHORE DRIVE</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>1060 N. SHORE DRIVE</b><br>Suite, Apt. #, etc. |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                       |                                       |                                    |   |  |
|---------------------------------------|---------------------------------------|------------------------------------|---|--|
| City & State<br><b>MIAMI BEACH FL</b> | City & State<br><b>MIAMI BEACH FL</b> | 4. FEI Number<br><b>65-0049910</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/>   |
| Zip<br><b>33141</b>                   | Country<br><b>USA</b>                 | Zip<br><b>33141</b>                | Country<br><b>USA</b>                   | 5.-Certificate of Status: Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
**MUHTAR, ALBERT**  
**235 LINCOLN RD**  
**STE #307**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1060 N. SHORE DRIVE**  
 City **MIAMI BEACH FL** Zip Code **33141**

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.  
 SIGNATURE: DATE: **April 26, 2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>MUHTAR, ALBERT<br/>201 E. FLAGLER ST.<br/>MIAMI FL 33131</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>1060 N. SHORE DRIVE<br/>MIAMI BEACH FL 33141</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: DATE: **April 26, 2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)