


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90048 044 ****61.25

DOCUMENT # N00000001474		
1. Entity Name WENDY'S MIAMI ADVERTISING CO-OP., INC.		

Principal Place of Business WENDY'S INTERNATIONAL INC. P O BOX 21463 TAMPA, FL 33622-1463	Mailing Address WENDY'S INTERNATIONAL INC. P O BOX 21463 TAMPA, FL 33622-1463
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94030407



2. Principal Place of Business c/o Hewitt Chartered	3. Mailing Address c/o Hewitt Chartered
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Suite, Apt. #, etc. P.O. Box 21463	Suite, Apt. #, etc. P.O. Box 21463
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01172004 Chg-NP CR2E037 (10/03)

City & State Tampa FL	City & State Tampa FL
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4. FEI Number 59-3645183	Applied For Not Applicable
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Zip 33622-1463	Country US	Zip 33622-1463	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LANIGAN, DAVID C 10927 NORTH 56TH ST. TEMPLE TERRACE, FL 33617	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, RAUL	NAME	
STREET ADDRESS	12125 S.W. 46TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, ED	NAME	Sergio Balsinde
STREET ADDRESS	14834 S.W. 67TH LANE	STREET ADDRESS	6840 SW 145 Terrace
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP	Miami FL 33158
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORANT, KEN	NAME	
STREET ADDRESS	16860 SW 1ST MANOR	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33027	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, EDDIE	NAME	
STREET ADDRESS	7147 NORTHWEST 71 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33607	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 617, 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: 	Date: 3/16/04	Daytime Phone #: 786-258-1633
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