

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007146

FILED
Jun 20, 2008
Secretary of State

Entity Name: RALLY'S ADVERTISING COOPERATIVE ASSOCIATION OF LOUISVILLE, INC.

Current Principal Place of Business:

4300 WEST CYPRESS STREET
SUITE 600
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4300 WEST CYPRESS STREET
SUITE 600
TAMPA, FL 33607

New Mailing Address:

FEI Number: 58-2584165 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, DAVID
Address: 3020 BARDSDOWN RD #173
City-St-Zip: LOUISVILLE, KY 40205

Title: TD () Delete
Name: HERTZMAN, JOE
Address: 4218 SHELBYVILLE RD
City-St-Zip: LOUISVILLE, KY 402047

Title: SD () Delete
Name: NELLIS, JIM
Address: 14255 49TH ST N
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MILLER

PD

06/20/2008

Electronic Signature of Signing Officer or Director

Date