

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007406

FILED
Apr 18, 2005
Secretary of State

Entity Name: RALLY'S ADVERTISING COOPERATIVE ASSOCIATION OF NEW ORLEANS, 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: 59-3680371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: P () Delete
Name: STEVENS, JODI
Address: 4300 W. CYPRESS STREET , #600
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: CARRERE, TONY
Address: 14255 49TH ST. N., #1
City-St-Zip: CLEARWATER, FL 33762

Title: DT () Delete
Name: PLUMLEY, S. PATRIC
Address: 4300 W. CYPRESS STREET , #600
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: CLIFFORD, TODD
Address: 4300 W. CYPRESS ST, #600
City-St-Zip: TAMPA, FL 33607

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JODI STEVENS

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date