## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # N03000000001 1. Entity Name LOOP NATIONAL ADVERTISING FUND, INC. Principal Place of Business Mailing Address ONE SAN JOSE PLACE STE 1 ONE SAN JOSE PLACE STE 1 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-3768217 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHNEIDER, GEORGE M ONE SAN JOSE PL, STE 1 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 City Zip Code FI 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 life 4 applicable. DATE (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to T Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10, 11. TITLE Delete Change ☐ Addition TITLE SCHNEIDER, GEORGE M NAME MARKE 1000000040540 ONE SAN JOSE PLACE STE 1 STREET ADDRESS STREET ADDRESS 02/09/04-80053-003 61.25 JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-51-2P Delete nne Change Addition 7333 F STARBUCK, J MARK NAME NAME ONE SAN JOSE PLACE STE 1 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THE GAY, SANDRA D NAME ONE SAN JOSE PLACE STE 1 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete उसा ह ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBE ☐ Delete BILE ☐ Change 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 quality 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 path; 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: LIME

2.4.04

904.268.2609

**FILED**