

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006682

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** MSP NATIONAL ADVERTISING PROGRAM, INC.

**Current Principal Place of Business:**

5040 140TH AVENUE NORTH  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

5040 140TH AVENUE NORTH  
CLEARWATER, FL 33760

**New Mailing Address:**

**FEI Number:** 57-1235598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIELDS, NADINE A  
5040 140TH AVENUE NORTH  
CLEARWATER, FL 33760 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: CLARK WILLIAMS, PRESTON  
Address: 5040 140TH AVENUE NORTH  
City-St-Zip: CLEARWATER, FL 33760

Title: VSD ( ) Delete  
Name: JUAREZ, MARTIN  
Address: 5040 140TH AVENUE NORTH  
City-St-Zip: CLEARWATER, FL 33760

Title: TD ( ) Delete  
Name: WOOD, ROBERT H  
Address: 5040 140TH AVENUE NORTH  
City-St-Zip: CLEARWATER, FL 33760

**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: CLARK WILLIAM

PD

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date