2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N95000001180



FILED Feb 21, 2008 8:00 am Secretary of State

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IMPERIA I	L POLK ADVERTISING FE	DERATION, INC.					
6607 GREEN RD. 6		Mailing Address 6607 GREEN RD. LAKELAND, FL 33809					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302008 Cr	ng-NP CR2	E037 (12/06)	
City & State		City & State		4. FEI Number 59-331839	5	 	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Add	ress of New Register	red Agent	
BRADLEY	, LEROY		Name				
6607 GRE			Street A	ddress (P.O. Box Number is N	Not Acceptable)		
	A.		City			FL Zip Code	e
	e named entity submits this statement for	or the purpose of changing its	registered office or	registered agent, or both, in	-	_ 1	and accept
,	. 3.	•					
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SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered Agent signate	re required when reinstating)	DA	LTE.	
SIGNATURE			npaign Financing	\$5.00 May Be Added to Fees	Make ch	neck payable to	
SIGNATURE	Filling Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make ch Florida De	neck payable to partment of St	tate
10. TITLE	Filling Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Cam Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make ch Florida De	neck payable to partment of St	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: MARYBETH SCOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIG

8638348100