2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

FILED DOCUMENT # N9600005473 Apr 22, 2000 8:00 am 1. Entity Name Secretary of State INTERNATIONAL ADVERTISING ASSOCIATION, INC. 04-22-2000 90103 028 ****61.25 Principal Place of Business Mailing Address 444 BRICKELL AVE 55444 BRICKELL AVE SUITE 1000 **SUITE 1000** MIAMI FL 33131 MIAM! FL 33131 3. Mailing Address SRICKELL 2. Principal Place of Business Soc BRICKELL AVE ₩E Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1115 SUITE SU ITE City & State City & State 4. FEI Number Applied For 65-0533645 MIBM Not Applicable Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OI, NEW HELL W TEVEN. Street Address (BO, Box Number is Not Acceptable) RIVERGATE PLAZA 444 BRICKELL AVE SUITE 1000 City **MIAMI FL 33131** Mal 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. STEVEN OPPEN HET M SIGNATURE Signature, typed or printed name of registered age Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. X Addition TITLE TITLE Change 🔀 Delete EROW, SARRINA ANDERSON, MARK NAME NAME 95 MERRICK WAY STREET ADDRESS STREET ADDRESS 1101 BRICKELL AVE STE 401 CORAL GABLES CITY-ST-ZIP CITY-ST-ZIE **MIAMI FL 33131** ☐ Addition ☐ Delete TITLE Change TITLE PALACIOS, GRACE NAME NAME STREET ADDRESS 9200 S DADELAND BLVD, SUITE 307 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33156** DT TITLE ☐ Delete TITLE Change ☐ Addition THOMAS, DICK NAME NAME STREET ADDRESS 100 NW 37 AVE. STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP **MIAMI FL 33125** DS **X** Addition TITLE **Change** TITLE Delete ANDERSON, MARK, SUITE 401 MEMBIELA-CORDOBA, ROYMI NAME STREET ADDRESS 444 BRICKELL AVE STE 51-149 STREET ADDRESS CITY-ST-ZIP MAMI, FL CITY-ST-ZIP 33131 MIAMI FL 33131 D۷ ☐ Delete TITLE ☐ Change ☐ Addition TITLE TAGGART, DAVID NAME NAME STREET ADDRESS 800 DOUGLAS RD. SUITE 460 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33134 CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete OPPENHEIM, STEVEN P NAME NAME 800 BRICKELL AVE, STE 1115 STREET ADDRESS 444 BRICKELL AVE STE 1000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI MIAMI FL 33131 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

DIRECTUL

Date

Daytime Phone #