

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90242 036 ****61.25

DOCUMENT # N96000005473

1. Entity Name

INTERNATIONAL ADVERTISING ASSOCIATION, INC.



Principal Place of Business

**1200 ANASTASIA AVE
STE 240
CORAL GABLES FL 33134
US**

Mailing Address

**800 BRICKELL AVE
~~STE 1115~~
MIAMI FL 33131
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 707

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0533645**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OPPENHEIM, STEVEN P
800 BRICKELL AVE
~~STE 1115~~
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 707

City

FL

Zip Code

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: *Steven P. Oppenheim*
Signature, typed or printed name of registered agent and title if applicable.

STEVEN P. OPPENHEIM
(NOTE: Registered Agent signature required when reinstating)

4/24/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☒ Delete
NAME **CROW, SABRINA**
STREET ADDRESS **1200 ANASTASIA AVE #240**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DP** ☐ Change ☒ Addition
NAME **CAMPBELL, ALAN**
STREET ADDRESS **1200 ANASTASIA AVE, #240**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **DP** ☐ Delete
NAME **PALACIOS, GRACE**
STREET ADDRESS **1200 ANASTASIA AVE**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **D** ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **1200 ANASTASIA AVE, #240**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **DT** ☐ Delete
NAME **THOMAS, DICK**
STREET ADDRESS **100 NW 37 AVE.**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **D** ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **1200 ANASTASIA AVE, #240**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Delete
NAME **ANDERSON, MARK**
STREET ADDRESS **1200 ANASTASIA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **1200 ANASTASIA AVE, #240**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **DV** ☐ Delete
NAME **TAGGART, DAVID**
STREET ADDRESS **800 DOUGLAS RD, SUITE 480**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **D** ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **1200 ANASTASIA AVE, #240**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Delete
NAME **OPPENHEIM, STEVEN P**
STREET ADDRESS **800 BRICKELL AVE STE 1115**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **800 BRICKELL AVE, STE. 707**
CITY-ST-ZIP **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.

SIGNATURE: *Steven P. Oppenheim* **STEVEN P. OPPENHEIM** *4/24/03* **305-371-8555**

CR2E037 (10/02)