

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001908

FILED
Jan 03, 2006
Secretary of State

Entity Name: LINCOLN ROAD MARKETING, INC.

Current Principal Place of Business:

690 LINCOLN ROAD
SUITE 202
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

690 LINCOLN ROAD
SUITE 202
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0749141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, PETER
690 LINCOLN ROAD
SUITE 202
MIAMI BEACH, FL 33139 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: CD () Delete
Name: WALLACE, PETER
Address: 690 LINCOLN ROAD, SUITE 202
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: IDELMAN, JAN
Address: 801 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: CHESTLER, JEREMY
Address: 800 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: SEC (X) Delete
Name: KAPLAN, LAURA
Address: 420 LINCOLN ROAD, SUITE 221
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: KAPLAN, LAURA
Address: 420 LINCOLN ROAD, SUITE 221
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: C. PETER WALLACE

CD

01/03/2006

Electronic Signature of Signing Officer or Director

Date