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FILED DOCUMENT # P0000001315 2007 DEC - 10 PM 1: 09 JENNINGS & COMPANY ADVERTISING SERVICES, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA **436 WOODLAND DRIVE** 436 WOODLAND DRIVE SARASOTA, FL 34234 SARASOTA, FL 34234 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10242007 REIN-P CR2E098 (1/07) City & State 4. FEI Number Applied For City & State 65-0971322 Not Applicable Zip Country 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 Name JENNINGS, LINDA Street Address (P.O. Box Number is Not Acceptable) 436 WOODLAND DRIVE SARASOTA, FL 34236 Zip Code City FL 8. The above narped 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 0.30.07 SIGNATURE agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPST ☐ Delete TITLE ☐ Change ☐ Addition TITLE JENNINGS, LINDA 100112893 12/06/07--01011--021 NAME NAME 361 436 WOODLAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, 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. FO-00-01 **SIGNATURE**