FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042544

1. Entity Name
AD FINANCE US INC.

FILED
03 JUN 12 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6035 SEA RANCH DRIVE	SAME
Suite, Apt. #, etc. Bldg: I # 611	Suite, Apt. #, etc.
City & State HUDSON FL	City & State
Zip 34667 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Business Filings Incorporated
Street Address (P.O. Box Number is Not Acceptable): 1000 West Ave., Suite 1114
City: Miami Beach FL Zip Code: 33139

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DIRECTOR NAME ALAIN DUMONT STREET ADDRESS 6035 SEA RANCH DRIVE I, 611 CITY-ST-ZIP HUDSON FL 34667	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400017913304 05/02/03--01104--020 **450.00
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment, with an address, with all other like empowered.

SIGNATURE: _____ 4/28/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #