

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO0000042544	
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

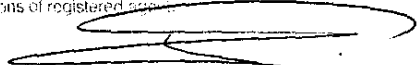
2. Principal Place of Business 6035 SEA RANCH DRIVE		3. Mailing Address SAME	
State, Apt. #, etc. HUDSON FL		Suite, Apt. #, etc.	
City & State		City & State	
Zip 34667	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650235	Applied For ☐ Not Applicable
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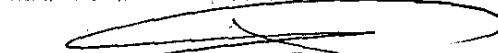
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Business Filings Incorporated	
	Street Address (P.O. Box Number is Not Acceptable) 1000 West Ave., Suite 1114	
	City Miami Beach	State 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 	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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ALAIN DUMONT 6035 SEA RANCH DRIVE I, CII HUDSON FL 34667	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400017913304 05/02/03--01104--020 **150.00
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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 being delivered 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 duly empowered.	
SIGNATURE: 	DATE 4/28/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE

CR2E094B (12/02)