

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90043 015 ***150.00

DOCUMENT # P00000048790

1. Entity Name

POSITION 1 ADVERTISING, INC.

Principal Place of Business

**6511 N.W. 34TH
 FORT LAUDERDALE FL 33309**

Mailing Address

**6511 N.W. 34TH
 FORT LAUDERDALE FL 33309**

2. Principal Place of Business

307 City View Dr
 Suite, Apt. #, etc.

3. Mailing Address

307 City View Dr
 Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33311

Country

USA

Zip

33311

Country

USA

4. FEI Number

05-1009205

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

**BINDER, STEPHEN J
 6511 N.W. 34TH
 FORT LAUDERDALE FL 33309**

Name

Matthew Trask

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

307 City View Drive

City

Ft. Lauderdale,

FL

Zip Code

33311

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.

SIGNATURE

Matthew Trask - President

4-26-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **BINDER, STEPHEN J**
 STREET ADDRESS **6511 N.W. 34TH**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **Matthew Trask** ☒ Change ☐ Addition
 NAME **Matthew Trask**
 STREET ADDRESS **307 City View Dr.**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33311**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Matthew Trask

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

Daytime Phone #

(954)

592-6464

CR2E034 (10/00)