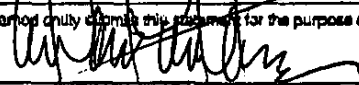
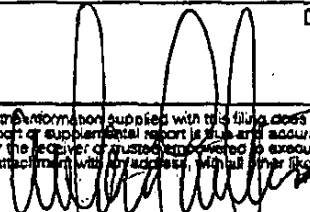


** TOTAL PAGE 004 **

05-17-2001 91287 030 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 74919			
1. Entity Name SMART ADVERTISING INC (LA)			
Principal Place of Business 15841 Pines Blvd, Suite 200 Pembroke Pines, FL 33027		Mailing Address SAME	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1032836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent Ruterman, Marc 17254 NW 7th Street Pembroke Pines, FL 33029		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
9. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE 		PRESIDENT 4-27-01	
Signature, typed or printed name of registered agent and title if applicable.		(NOT: Registered Agent signature required when re-electing)	
10. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		16. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres MARC RUTERMAN 17254 NW 7 Street Pembroke Pines FL 33029	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Marc Ruterman 17254 NW 7 Street Pembroke Pines FL 33029	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 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 appointed 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 my address, with all other like empowered.			
SIGNATURE: 		4-27-01	
Signature and typed or printed name of signing officer or director		Date	

75157



DO NOT WRITE IN THIS SPACE

CFR2004 (11/00)