

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

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FILED
Apr 01, 2004 8:00 am
Secretary of State

03-19-2004 90061 014 ***158.75

DOCUMENT # P00000074919	
1. Entity Name	
SMART ADVERTISING, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19445 SW14TH STREET	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PEMBROKE PINES, FL	City & State
Zip 33029	Country USA

4. FEI Number 65-1032836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

66409029

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7. Name and Address of Current Registered Agent	
Name Marc Putterman	
Street Address (P.O. Box Number is Not Acceptable) 19445 SW 14th Street	
City Pembroke Pines	Zip Code 33029

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 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

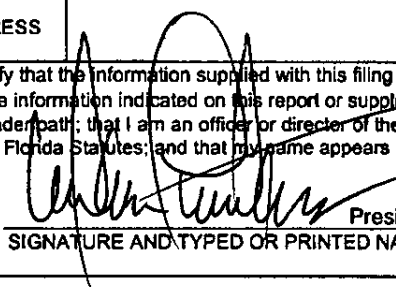
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE P	NAME Marc Putterman	TITLE	
STREET ADDRESS 19445 SW 14 Street	CITY-ST-ZIP Pembroke Pines, FL 33029	STREET ADDRESS	
TITLE VP	NAME Jacqueline Putterman	TITLE	
STREET ADDRESS 19445 SW 14 Street	CITY-ST-ZIP Pembroke Pines, FL 33029	STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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:



President

MARC PUTTERMAN 3-28-04

(954) 450-7251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #