FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**  FILED Apr 01, 2004 8:00 am Secretary of State

SMART ADVERTISING, INC.  DO NOT WRITE IN THIS SPACE  2. Principial Place of Business 19.445 SW14Th STREET Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  Country  DO NOT WRITE IN THIS SPACE  To Country  IN THIS SPACE  To Country  To Additional Personal Address of Current Registered Agent Personal Address of Current Regis	DOCUMENT # P00000074919 1. Entity Name					03-19-2004 90061 014 ***158.75	
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 19.445 SWI4TH STREET  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  DO NOT WRITE IN THIS SPACE  Applied For Not Applied For Spring and Applied For Spring and Applied For Invalidation of State Spring and Address of Current Registered Agent Normal Applied For Invalidation of State Spring and Address of Current Registered Agent Normal Applied For Invalidation of Programment Applied For Invalidation of State Spring and Address of Current Registered Agent Normal Applied For Invalidation of Programment Applied For Invalidation Applied For	OMART ARVERTIGINA	0 1110					
2. Principal Place of Business 19.445 SW14TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State PEMBROKE PINES, FL Zip Country Zip Country Zip Country Zip Country Zip Country Size Apt. #, etc. Country Size Apt. #, etc. Country Size Apt. #, etc. Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Size Additional Fee Required Marce Putterman Size Address of Current Registered Agent Marce Marce Putterman Size Address (P.O. Box Number is Not Acceptable)  19. City Pembroke Pines Signature, hoped or printed name of registered agent and tise if applicable. (NOTE Registered Agent agent and tise if applicable)  Amended UBR is \$41.25 Make Check Payable to Florida Department of State 19. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				204			
Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	DO N	OI WRII	EIN IHIS	SPA	CE	CCAN	 
City & State PEMBROKE PINES, FL Zip Country S. Cardificate of Status Desired X. Name and Address of Current Registered Agent Name Marc Putterman Street Address (P.O. Box Number is Not Acceptable) 19445 SW 148 Street  Signature, byped or printed name of registered agent and the if applicable. (NOTE Registered Agent aignature required when reinstating) After May 1, Fee is \$150.00 After May 1, Fee is \$150.	19445 SW14TH STRE					- · · · · ·	
PEMBROKE PINES, FL							
DO NOT WRITE IN THIS SPACE    The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							Not Applicable
DO NOT WRITE IN THIS SPACE    Name   Street Address (P.O. Box Number is Not Acceptable)	Zip 33029		Zip	С	<u></u>		Fee Required
DO NOT WRITE IN THIS SPACE    Marc Putterman   Street Address (P.O. Box Number is Not Acceptable)						ne and Address of Current	Registered Agent
IN THIS SPACE    City	DO NOT WRITE						
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  Signsture. Nped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$150.00  After May 1, Fee is \$550.00  After May 1, Fe					19445 SW 14th Street		
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   Nay 1 Fee is \$150.00					City		Zip Code
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)  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Pembroke Pines, FL 33029  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-	8. The above named	entity submits this	statement for the num	ose of c	Pembroke Pin	es	33029
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	State of Florida. I	am familiar with, an	d accept the obligation	s of reg	istered agent.	and a modern registeriou ag	511, 51 5501, 111 515
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SIGNATURE: WHAT THE President MARC PUTTETHAN 3-28-04 (954) 450-7251	[ <b>[</b> [	MULASTIN	11/10/	100	D. 500 14	40) 3.28.04	
SIGNATURE: OPENING OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	· —	ATURE AND TYPED	OR PRINTED NAME OF	SIGNING	OFFICER ORD	IRECTOR Date	