


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90171 035 ***158.75

DOCUMENT # P00000074919

1. Entity Name
SMART ADVERTISING, INC.



Principal Place of Business
**15641 PINES BLVD STE 200
PEMBROKE PINES FL 33027**

Mailing Address
**15941 PINES BLVD STE 200
PEMBROKE PINES FL 33027**



2. Principal Place of Business
Suite, Apt. #, etc

3. Mailing Address
Suite, Apt. #, etc

City & State

City & State

Zip Country

Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PUTTERMAN, MARC
19445 SW 14 STREET
PEMBROKE PINES FL 33029**

4. FEI Number **65-1032836** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when terminating)

FILE NOW!!! FEE IS \$100.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PUTTERMAN, MARC	
STREET ADDRESS	17254 NORTHWEST 7TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PUTTERMAN, JACQUELINE M	
STREET ADDRESS	19445 SW 14 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-21-03** **954-450-7251**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Time