2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P00000082449

Entity Name: ARDIS CREATIVE SERVICE PARTNERS, INC.

Current Principal Place of Business:

500 NW 62ND STREET SUITE 455
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

500 NW 62ND STREET SUITE 210
FORT LAUDERDALE, FL 33309

Current Mailing Address:

500 NW 62ND STREET SUITE 455
FORT LAUDERDALE, FL 33309

New Mailing Address:

500 NW 62ND STREET SUITE 210
FORT LAUDERDALE, FL 33309

FEI Number: 65-1037987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMLINSON, JOHN L
500 NW 62ND STREET SUITE 455
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

TOMLINSON, JOHN L
500 NW 62ND STREET SUITE 210
FORT LAUDERDALE, FL 33309 US

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: _____ 04/25/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: TOMLINSON, JOHN L
Address: 500 NW 62ND STREET SUITE 455
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: P ( ) Delete
Name: EINHEUSER, PETER
Address: 63 CASTLE HARBOR ISLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S,T ( ) Delete
Name: LAUSMANN, PETRA
Address: 63 CASTLE HARBOR ISLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: TOMLINSON, JOHN L
Address: 500 NW 62ND STREET SUITE 210
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L TOMLINSON P 04/25/2005
Electronic Signature of Signing Officer or Director — Date