2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

STREET ADDRESS

**SIGNATURE** 

CITY-ST-ZIP

May 05, 2003 8:00 am g Secretary of State P00000109089 DOCUMENT # 05-05-2003 92206 049 \*\*\*150.00 MCKINNEY-BROWN ADVERTISING, INC. Principal Place of Business Mailing Address 6401 SW 84 ST 6401 SW 84 ST MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 52-2292501 10Conut Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCKINNEY, JAMIE L 6709 S.W. 88TH STREET #227 **MIAMI FL 33156** 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 SIGNATURE and title if applicable gistered Agent signature required when reinstating) NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President, Vice. President 1 Secretary, Treasurer Delete TITLE TITLE Change Addition MCKINNEY, JAMIE L NAME NAME Mckinney, 6709 S.W. 88TH STREET #227 STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY-ST-7IP CITY-ST-ZIP SVTD TITLE Delete TITLE Change Addition BROWN, ELIZABETH ANNE NAME NAME 6709 S.W. 88TH STREET #227 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED