
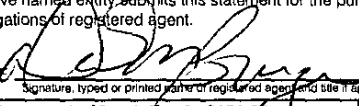



FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90150 030 ***150.00

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

DOCUMENT # P00000114673 1. Entity Name Advertising By Design, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 100 C. North US Highway 27 Suite, Apt. #, etc.		3. Mailing Address 100 C. North US Highway 27 Suite, Apt. #, etc.	
City & State Minneola, Florida		City & State CLERMONT, Florida	
Zip 34711	Country USA	Zip 34711	Country USA
4. FEI Number 59-3690072		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Dawn M. Burgess			
Street Address (P.O. Box Number is Not Acceptable) 100 C. North US Highway 27			
City Clermont		FL	Zip Code 34711
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:  5/21/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/V/T/S/D: Dawn M. Burgess 100 C. North US Highway 27 Clermont, Florida 34711	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  DAWN M. BURGESS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/21/03 <small>Date</small>	352-241-7002 <small>Daytime Phone #</small>

CR2E034B (12/02)