2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business
2412 SOUTHWEST BACQUET CLUB DRIVE

P02000057650

1. Entity Name

PALM CITY FL 34990

ADVANTAGE BROADCASTING SERVICES, INC.



2412 SOUTHWEST RACQUET CLUB DRIVE

PALM CITY FL 34990

r1LED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90489 001

. Principal Pla	ace of Busin	ess	3. Mailing Address							
931 Willage Blub			931 Village Blue							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HEF	RE IF MAKING	CHANGES	
Suite 905-186			Suite 905-186						Ann	lied For
City & State			City 8	& State	. –.	4. 1	32-001791	<u>ا</u> ـــ	<u> </u>	Applicable
West	- Pala	Beach, FC	W	est Pala Be	rd, FL		32-001791		8.75 Addit	
Zip 3340°	,	Country U.S.A-	Zip	POPE	Country USA		ertificate of Status Desired	<u>ا</u> ال	ee Required	
<u> </u>		and Address of Current F				7. N	ame and Address of Nev	v Registered A	gent	
	V. 1441110				Name			Z	~	į.
CORPORATION SERVICE COMPANY					Street Add	dress (P.O. Bo	x Number is Not Accepta	ble)		
1201 HAYS								 	 ,	
TALLAHAS		2301			1					
INCO	OLL I L O				City			FL	Zip Code	
					1 1			-		
8 The above	named entit	y submits this statement for	the purpo	ose of changing its r	registered office or r	egistered age	ent, or both, in the State of	Florida. I am ti	amiliar with, a	ind accept
the obligation	ons of regis	tered agent.	• •							
							·			
SIGNATURE _	Cionatura types	or printed name of registered agent a	and title if appl	licable. (NOTE	: Registered Agent signatur	e required when rei	instating)	DATE		
										,
		!! FEE IS \$150.00					9. Election Campaign			May Be to Fees
After	May 1, 20	03 Fee will be \$550.00	Ctata				Trust Fund Contrib	ution. L	1 Added	to rees
Make Check	Payable t	o Florida Department of					DITIONS/CHANGES TO	DEFICERS AND	DIRECTORS	IN 11
10.		OFFICERS AND	DIRECTO		11.	AD	DITIONS/CHANGES TO	3111027071112	☐ Change	Addition
TITLE	PD			Delete	TITLE				C. Outrigo	
NAME	PERILLO,	ADRIENNE ANN			NAME					
STREET ADDRESS	2412 SOUTHWEST RACQUET CLUB DRIVE				STREET ADDRESS					
CITY-ST-ZIP	PALM CI	TY FL 34990			CITY-ST-ZIP				Change	Addition
TITLE	٧			☐ Delete	TITLE	Pres:D	₹v+		(A) Change	
NAME	MCENTE	e, william j III			NAME					
STREET ADDRESS 2090 PALM BEACH LAKES BLVD.					STREET ADDRESS					
CITY-ST-ZIP	WEST PA	ALM BEACH FL 33409			CITY-ST-ZIP				Change	
TITLE				☐ Delete	TITLE				Change	☐ Addition
NAME			_		NAME		er e e e e e e e e e e e e e e e e e e			
STREET ADDRESS		,			STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP				Change	Addition
TITLE		 -		☐ Delete	TITLE				Change	Addition
NAME					NAME	i				
STREET ADDRESS	!				STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP					- Addition
TITLE				☐ Delete	TITLE				☐ Change	☐ Addition
NAME					NAME					
STREET ADDRESS					STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP					
TITLE	T			☐ Delete	TITLE				Change	☐ Addition
NAME					NAME				,	
STREET ADDRESS					STREET ADDRESS	1			-	
CITY-ST-ZIP					CITY-ST-ZIP			.		
					witho avamption sta	ted in Section	119.07(3)(i), Florida Statu	utes. I further ce	ertify that the i	information

12. Thereby 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.

SIGNATURE:

501-8763528