

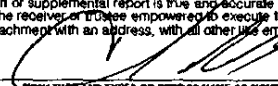


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000080413</b>					
1. Entity Name <b>ADC ADVERTISING, INC.</b>					
Principal Place of Business 1701 W. HILLSBORO BOULEVARD SUITE 102 DEERFIELD BEACH, FL 33422			Mailing Address 1701 W. HILLSBORO BOULEVARD SUITE 102 DEERFIELD BEACH, FL 33422		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>050524450</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BOULAHANIS, CHRISTOPHER 1701 W. HILLSBORO BOULEVARD SUITE 102 DEERFIELD BEACH, FL 33422</b>			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 		STATE (Typed or printed name of registered agent and title if applicable)		DATE	
FILE NOW! FEE IS \$100.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$91.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOULAHANIS, CHRISTOPHER		NAME		
STREET ADDRESS	1701 W. HILLSBORO BOULEVARD, SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33422		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOULAHANIS, ALEX		NAME		
STREET ADDRESS	1701 W. HILLSBORO BOULEVARD, SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33422		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOULAHANIS, BELLA		NAME		
STREET ADDRESS	1701 W. HILLSBORO BOULEVARD, SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33422		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 807, 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: 		Chris Boulahanis		7/18/03 464-610-1156	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (1/0/02)