


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000082992	
1. Entity Name CME ADVERTISING, INC.	

Principal Place of Business 3275 W. HILLSBORO BLVD. DR., SUITE 207 DEERFIELD BCH, FL 33442	Mailing Address 3275 W. HILLSBORO BLVD. DR., SUITE 207 DEERFIELD BCH, FL 33442
--	--

DO NOT WRITE IN THIS SPACE

\$150.00

FILED

04 MAY 10 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 No Chg-P CR2E034 (10/03) 04

4. FEI Number 14-1840458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COLEMAN, ANTHONY G JR.
3275 W. HILLSBORO BLVD. DR., SUITE 207
DEERFIELD BCH, FL 33442**

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	PD COLEMAN, ANTHONY G JR 3275 W. HILLSBORO BLVD. DR., SUITE 207 DEERFIELD BCH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000037302640
05/25/04--01068--011 **4123.75

DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE:  **4/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR