2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91487 045 ***150.00

DOCUMENT # P02000106560

1. Entity Name
ADVERTISING MANIA, INC.

Principal Place of Business	Mailing Address
800 OFFICE PLAZA BLVD.	800 OFFICE PLAZA BLVD.
SUITE # 402 H	SUITE # 402 H
KISSIMMEE FL 34744	KISSIMMEE FL 34744

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
800 Office Plaza Blvd		800 office Plaza Blvd	
Suite, Apt. #, etc.: #-402-H-		Suite, Apt. #, etc.: #-402-H.	
City & State: Kissimmee, FL		City & State: Kissimmee, FL	
Zip: 34744	Country: USA	Zip: 34744	Country: USA

4. FEI Number: 05 0531518 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZILKE, MADIE	Name: Zilke, Madie M.
800 OFFICE PLAZA BLVD.	Street Address (P.O. Box Number is Not Acceptable): 800 office Plaza Blvd
SUITE # 402 H	#-402-H-
KISSIMMEE FL 34744	City: Kissimmee FL Zip Code: 34744

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: [signature] Madie M Zilke — DATE: 3-17-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	Zilke, Madie M	☑ Change ☐ Addition
NAME	ZILKE, MADIE		NAME	800 office Plaza Blvd #402-H.	
STREET ADDRESS	800 OFFICE PLAZA BLVD. # 402 H		STREET ADDRESS	Kissimmee, FL 34744	
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED [signature] Madie M Zilke — 3-17-03 — (407) 846-1655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)